I. STATE DEFINITION OF DEVELOPMENTAL DELAY; DEFINITION OF ELIGIBILITY FOR SERVICES

Virginia's definition of developmental delay and eligibility procedures ensure that all children from birth through age two who are developmentally delayed or who have a diagnosed physical or mental condition that has a high probability of resulting in delay are eligible to participate in the Part C program. The determination of eligibility for Part C services is documented in the child's Individualized Family Service Plan (IFSP). The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), as Lead Agency, ensures that these definitions and the eligibility requirements ensure uniform access to Part C services in Virginia. This component presents Virginia's definition of developmental delay, a list of conditions which have a high probability of resulting in delay and the procedures for determining eligibility for the Part C program.

A. Definition of Developmental Delay

1. Children who are functioning at least 25% below their chronological or adjusted age[1], in one or more of the following areas:
   a. *cognitive development*;
   b. *physical development (including* fine motor, gross motor, *vision, and hearing)*;
   c. *communication development*;
   d. *social or emotional development*;
   e. *adaptive development.* (34 CFR 303.16(a)(1))

OR -

2. Children who manifest atypical development or behavior, which is demonstrated by one or more of the following criteria (even when evaluation does not document a 25% developmental delay):
   a. Abnormal or questionable sensory-motor responses, such as:
      (1) abnormal muscle tone;
      (2) limitations in joint range of motion;
      (3) abnormal reflex or postural reactions;
      (4) poor quality of movement patterns or quality of skill performance;
      (5) oral-motor skills dysfunction, including feeding difficulties
   b. Identified affective disorders, such as:
      (1) delay or abnormality in achieving expected emotional milestones;
      (2) persistent failure to initiate or respond to most social interactions;
      (3) fearfulness or other distress that does not respond to comforting by caregivers;

3. Behavioral disorders that interfere with the acquisition of developmental skills.

B. Children who have a *diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.* (34 CFR 303.16 (a)(2))

Those identifiable conditions include, but are not limited to:

1. seizures/significant encephalopathy (identifies the high risk group with low Apgars and/or asphyxia);
2. significant central nervous system anomaly;
3. severe Grade 3 intraventricular hemorrhage with hydrocephalus or Grade 4 intraventricular hemorrhage;
4. symptomatic congenital infection;

[1] For children born prematurely (gestation < 37 weeks), the child's actual adjusted age is used to determine developmental status. Chronological age is used once the child is 18 months old.

5. effects of toxic exposure including fetal alcohol syndrome, drug withdrawal and exposure to chronic maternal use of anticonvulsants, antineoplastics, and anticoagulants;
6. myelodysplasia;
7. congenital or acquired hearing loss;
8. visual disabilities;
9. chromosomal abnormalities, including Down Syndrome;
10. brain or spinal cord trauma, with abnormal neurologic exam at discharge;
11. inborn errors of metabolism;
12. microcephaly;
13. severe attachment disorders;
14. failure to thrive; or
15. other physical or mental conditions at the multidisciplinary/interdisciplinary/transdisciplinary team members' discretion.

C. Determination of Eligibility

In Virginia, all children are determined eligible for Part C services by the multidisciplinary/ interdisciplinary/transdisciplinary team, which includes the family. The following procedures are used to determine eligibility:[2]

1. Children whose development is delayed or atypical in one or more of the developmental areas identified in A.1. above must be determined eligible by either:
   a. determining the specific level of delay, as measured and verified by qualified personnel using appropriate criterion-referenced or standardized diagnostic instruments and procedures, informed clinical opinion, and information provided by the child's parents;

   -OR-

   b. determining the existence of atypical development by qualified professionals observing one or more of the atypical behaviors in the course of administering their evaluation/ assessment procedures.

2. Children who have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay (such as those listed in B 1-15 above) must be determined eligible by identification of a specific condition with known etiologies and developmental consequences. Informed clinical opinion is used in determining such a diagnosed physical or mental condition.

D. Children at risk for developmental delay are not included in Virginia's current definition of eligibility for purposes of entitlement to Part C services. However, the Virginia Interagency Coordinating Council (VICC) and the Lead Agency recognize that children are at risk for developmental delays as a result of environmental and/or biological factors. These children can benefit from early intervention services and providers of early intervention services are encouraged to extend such services to them whenever circumstances allow.

The VICC and the Lead Agency may, on a periodic basis and as feasible and warranted, study the feasibility of including at risk children under the definition of eligibility for services. The results of such studies will be used to determine the appropriate scope and type of services needed to serve these children and their families.

[2] See policies and procedures in Component VI - Multidisciplinary Evaluation/Assessment for additional information regarding Virginia's procedures for evaluation/assessment techniques, decision-making processes used by multidisciplinary/interdisciplinary/transdisciplinary teams, procedures for resolving decisions where consensus of eligibility is not initially reached, and documentation of findings and results regarding eligibility.

II. CENTRAL DIRECTORY

A. POLICIES

The Lead Agency (DMHMRSAS):

1. Ensures that Virginia has a Central Directory which includes information about the following:
   a. *Public and private early intervention services, resources and experts available* in Virginia;
   b. *Research and demonstration projects being conducted* in Virginia;
   c. *Professional and other groups that provide assistance to eligible children and their families*; and (34 CFR 303.301(a))

      Note: Examples of appropriate groups that provide assistance to eligible children and their families include parent support groups and advocate associations. (34 CFR 303.301, Note)
   d. Central contact points for other states (i.e., the Part C Coordinator) so that families who relocate can contact the appropriate agency.

2. Ensures that the Central Directory includes and maintains information in *sufficient detail to*:
   a. *Ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory; and*
   b. *Enable the parent of a child eligible under* Part C *to contact, by telephone or letter, any of the sources listed in the directory.* (34 CFR 303.301(b))

3. Ensures that information is *updated at least annually* and that the information is *accessible to the general public*. (34 CFR 303.301(c))

4. *Arranges for copies of the directory to be available:*
   a. *In each geographic region* of Virginia, *including rural areas; and*
   b. *In places and a manner that ensure accessibility by persons with disabilities* and persons of diverse cultures. (34 CFR 303.301(d))

B. PROCEDURES

1. To ensure that the intent of the regulations is being met and that the system being implemented meets the needs in Virginia, the Lead Agency:
   a. Has a mechanism for local interagency coordinating councils (LICCs)/agencies/ organizations to provide updated information at least annually for inclusion in the statewide central directory;
   b. Provides ongoing training on Part C to staff working directly with the Central Directory to ensure understanding of the provisions of the law, how services should be described, and how linkages should occur;
   c. Maintains a pool of resource materials to send to callers that describe the law, its focus, and its provisions;
   d. Determines the standard information to be available to individuals requesting information. At a minimum, individuals receive the name of a contact person for their locality;
   e. Disseminates and makes information available in the following ways:
      (1) Through the use of a toll-free statewide telephone number (with voice/tdd capability)
      (2) By providing posters, information sheets, and other informational materials to local

interagency planning councils for local distribution;
(3) By providing LICCs with directories of services available in their localities; and
(4) Other methods as appropriate.

f. Has established an evaluation component which, at a minimum, addresses:
(1) The frequency and nature (information on caller, geographic area, etc.) of the requests; and
(2) The types of information requested and provided.

g. Has established a planning component which, at a minimum, addresses how the information in the central directory can be used:
(1) To identify service gaps and duplication; and
(2) To develop other specific directories and listings.

2. LICCs have policies and procedures that:
a. Address provision of information as requested by the Lead Agency or its contractor for the Central Directory ; and
b. Provide for use of the Central Directory as needed and appropriate.

III. SYSTEM FOR SERVING ALL ELIGIBLE CHILDREN

A. POLICY

1. The Lead Agency (DMHMRSAS) ensures that in Virginia:

   a. A policy has been adopted and is being implemented to ensure that *appropriate early intervention services are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the state*; and(34 CFR 303.160)
   b. *A statewide system that meets the requirements of Part C* is *in effect.* (34 CFR 303.140)

2. Part C does not apply to any child with disabilities receiving FAPE (Free Appropriate Public Education) with funds under Section 619 of Part B of IDEA (Individuals with Disabilities Education Act).

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IV. PUBLIC AWARENESS PROGRAM

A. POLICIES

1. The Lead Agency (DMHMRSAS) ensures that Virginia has developed and implemented a *public awareness program that:*
   a. *Focuses on the early identification of children who are eligible to receive early intervention services under* Part C; and
   b. *Includes the preparation and dissemination of information by the Lead Agency to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services.* (34 CFR 303.320)

   Note: Sample public awareness materials are included in Appendix M.

2. The Lead Agency ensures that the *public awareness program provides for informing the public about*:
   a. Virginia's *early intervention program*;
   b. *The child find system, including*:
      (1) *The purpose and scope of the system;*
      (2) *How to make referrals; and*
      (3) *How to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services* (e.g., family support services, therapeutic intervention, etc.); *and*
   c. *The central directory.* (34 CFR 303.320(a)-(c))

3. The Lead Agency ensures that the public awareness program:
   a. *Provides a continuous, ongoing effort that is in effect throughout* Virginia *including rural areas;*
   b. *Provides for the involvement of, and communication with, major organizations throughout* Virginia *that have a direct interest in* Part C*, including public agencies at the state and local level, private providers, professional associations, parent groups, advocate associations, and other organizations;*
   c. *Has coverage broad enough to reach the general public including persons with disabilities* and traditionally underserved groups, including minority, low-income, and rural families;
   d. *Includes a variety of methods for informing the public about the provisions of this part* including:
      (1) *Use of television, radio, and newspaper releases;*
      (2) *Pamphlets and posters displayed in doctors' offices, hospitals, and other appropriate locations; and*
      (3) *The use of a toll-free telephone service.* (34 CFR 303.320, Note 2)
   e. Is culturally diverse.

B. PROCEDURES

1. Local interagency coordinating councils (LICCs) develop and implement policies and procedures (including mechanisms) to plan, organize and distribute information in their communities for the purpose of creating an overall public awareness campaign in coordination with child find policies and procedures. Local policies and procedures must determine responsibilities, content, outcomes and processes to be used for planning, organizing, and distributing public awareness information. All public awareness procedures developed and implemented are consistent with those set forth in State policies and state-level agreements.

LICCs will adopt and implement for their local public awareness activities, the materials and strategies developed by the state. Neighboring localities are encouraged to collaborate in the development and implementation of an awareness plan that promotes a central theme throughout Virginia.

2. LICCs use the following mechanisms to promote public awareness in their localities:
   a. Selecting a variety of methods for informing the general public including but not limited to:
      (1) *Use of television, radio and newspaper releases;*
      (2) *Pamphlets and posters displayed in doctors' offices, and other appropriate locations; and*
      (3) *The use of the* statewide *toll-free telephone service.* (34 CFR 303.320, Note 2)
   b. Local efforts must be coordinated with statewide public awareness efforts. Materials and activities must be culturally diverse and include:
      (1) Adapting existing materials to be consistent with statewide public awareness materials;
      (2) Incorporating local public information with State public awareness materials;
      (3) Developing materials to augment statewide public awareness materials (e.g., philosophy of child find, screening resources, etc.); and
      (4) Coordinating local activities with planned statewide public awareness activities (e.g., airing of Public Service Announcements, dissemination of materials).
   c. Disseminating materials to local agencies and places of business. Local public awareness materials including posters and brochures are requested to be displayed in highly visible and accessible locations. Other materials are requested to be included in agency/company mail outs (e.g., pay checks, newsletters, bills etc.). The following agencies/businesses may be targeted for dissemination of information:
      (1) Pediatricians'/general practitioners' offices;
      (2) WIC clinics;
      (3) Well-baby/immunization clinics and mobile vans;
      (4) Community and migrant health centers;
      (5) Family support programs;
      (6) Child day care centers and family day care homes;
      (7) Visiting public health nurse programs;
      (8) Local social service departments;
      (9) Mental health clinics;
      (10) Civic groups;
      (11) Ethnic/community centers;
      (12) Shelters;
      (13) Hospital outpatient clinics;
      (14) Family planning organizations;
      (15) Businesses (e.g., banks, utility companies, grocery stores, laundromats, beauty parlors, etc.);
      (16) Churches and synagogues;
      (17) Professional associations;
      (18) Advocacy associations;
      (19) Private providers;
      (20) Primary referral sources;
      (21) Public schools;
      (22) Adoption agencies;
      (23) Parent support groups; and
      (24) Other local points of contact with families and young children.

V. COMPREHENSIVE CHILD FIND SYSTEM

A. General Child Find System Requirements

1. POLICIES
   a. The Lead Agency (DMHMRSAS) ensures that the child find process in Virginia is a comprehensive, interagency, ongoing effort that ensures:
      (1) *All infants and toddlers in* Virginia *who are eligible for services under this part are identified, located, and evaluated;* and
      (2) *An effective method* has been *developed and* is *implemented to determine which children are receiving needed early intervention services.* (34 CFR 303.321)
   b. The Lead Agency ensures that child find activities involve locating, screening and identifying children in an effort to determine those who may need a multidisciplinary/interdisciplinary/transdisciplinary evaluation and assessment under Part C. These activities are coordinated with the planning and implementation of existing statewide activities including public awareness and the central directory.
   c. *The Lead Agency, with the advice and assistance of the* Virginia Interagency Coordinating Council (VICC), ensures the development and implementation of *a comprehensive child find system that is consistent with Part B of the Act (34 CFR 300.128) and meets the requirements in paragraphs (b) through (e) of 34 CFR 303.321.*
   d. The Lead Agency ensures the development and implementation of a comprehensive local child find system for children (birth through age 2) within localities. The local child find system must be consistent with State policy and ensure the location, screening and identification of all eligible infants and toddlers.

2. PROCEDURES
   a. Local interagency coordinating councils (LICCs) develop and implement policies and procedures (including mechanisms) to implement child find activities including:
      (1) Conducting a local public awareness program;
      (2) Determining the need for screening prior to a multidisciplinary/interdisciplinary/transdisciplinary team assessment;
      (3) Providing screening (screening mechanisms may include: mass general screenings, well-baby checks, individual child screens, records/chart review, documentation of needs by primary referral sources, and parent observation and report), if appropriate;
      (4) Ensuring referrals to multidisciplinary/interdisciplinary/transdisciplinary team assessment or other appropriate resources; and
      (5) Establishing annual goals based on past child find data.
   b. The Lead Agency, through data collection from LICCs, determines which children are not receiving services.

B. Public Awareness for Child Find

1. POLICIES
   a. The Lead Agency ensures the development and implementation of a statewide public awareness program for child find that:
      (1) *Focuses on early identification of children who are eligible to receive early intervention services under* Part C; (34 CFR 303.320)
      (2) Supports early identification of developmental delays as a shared, continuous and routine responsibility of all State and local public/private agencies and providers;
      (3) Informs *the public about* the child find system, including:
         (a) *The purpose and scope of the system;*

(b) *How to make referrals; and*
(c) *How to gain access to a comprehensive multidisciplinary*/interdisciplinary/transdisciplinary *evaluation and other early intervention services;* (34 CFR 303.320)

(4) *Provides a continuous, ongoing effort that is in effect throughout* Virginia *including rural areas;* (34 CFR 303.320, Note 1)

(5) *Provides for the involvement of, and communication with, major organizations throughout* Virginia *that have a direct interest in* early intervention services, *including public agencies* and other participating agencies at the State and local levels, *private providers, professional associations, parent groups, advocate associations, and other organizations;* 34 CFR 303.320, Note 1)

(6) Requires that before any major identification, location, or evaluation activity takes place, notice is published in newspapers, other media, or advertised in other community-specific modes of communication;

(7) *Has coverage broad enough to reach the general public, including* individuals with disabilities and specific high-risk populations (e.g., teenage parents, parents with problems of substance abuse); and (34 CFR 303.320, Note 1)

(8) *Includes a variety of methods for informing the public about the provisions of* identification and evaluation *(e.g., use of television, radio, newspaper releases, pamphlets, posters and a toll-free telephone service).* Printed materials are culturally diverse and are adjusted for educational level.(34 CFR 303.320, Notes 1 & 2)

2. PROCEDURES

a. LICCs develop and implement policies and procedures (including mechanisms) to plan, organize and distribute information in their communities for the purpose of creating an overall awareness of the child find program. Local activities must be consistent with State policies and procedures promoting a central theme throughout Virginia. Neighboring localities are encouraged to collaborate in the development and implementation of an awareness plan for child find.

b. LICCs may consider, but not be limited to, the following mechanisms to achieve the desired outcomes of a local public awareness program for child find:

(1) Maintaining a current list of agencies and individuals in the community to be involved in the activities, including but not limited to:
(a) Public agencies (e.g., government offices, health agencies, social service departments);
(b) Private professionals (e.g., pediatricians); and
(c) Lay groups (e.g., Chambers of Commerce; service organizations; neighborhood associations; churches and synagogues; major employers; advocacy groups).

(2) Choosing a variety of methods for informing the general public about the child find system. *Examples of methods for informing the general public about the provisions of this part include:*
(a) *Use of television, radio and newspaper releases;*
(b) *Pamphlets and posters displayed in doctors' offices, and other appropriate locations; and*
(c) *The use of a toll-free telephone service.* (34 CFR 303.320, Note 2)

(3) Local efforts must be coordinated with statewide public awareness, and materials and activities must be culturally diverse and include:
(a) Adapting existing materials to be consistent with the statewide public awareness materials;
(b) Incorporating local child find information in state public awareness materials;
(c) Developing materials to augment statewide public awareness materials (e.g., philosophy of child find, screening resources, etc.); and

(d) Coordinating local activities with planned statewide public awareness activities (e.g., airing of Public Service Announcements (PSAs), dissemination of materials).

(4) Disseminating materials to local agencies and places of business. Local public awareness materials, including posters and brochures, are requested to be displayed in highly visible and accessible locations. Other materials are requested to be included in agency/company mail-outs (e.g., pay checks, newsletter, bills etc.). The following agencies/businesses may be targeted for dissemination of information:
(a) Pediatricians'/general practitioners' offices;
(b) WIC clinics;
(c) Well-baby/immunization clinics and mobile vans;
(d) Community and migrant health centers;
(e) Child care centers and child care homes;
(f) Visiting public health nurse programs;
(g) Local social service departments;
(h) Mental health clinics;
(i) Ethnic/community centers;
(j) Shelters;
(k) Hospitals;
(l) Family-planning organizations;
(m) Churches and synagogues;
(n) Other local points of contact with families and young children;
(o) Businesses (e.g., banks, utility companies, grocery stores, etc.);
(p) Education agencies;
(q) Family Support Programs;
(r) Infant programs;
(s) Advocacy/consumer organizations;
(t) Professional associations;
(u) Private providers;
(v) Primary referral sources;
(w) Public schools;
(x) Adoption agencies;
(y) Parent support groups; and
(z) Other local points of contact with families and young children.

C. Coordination of the Child Find System

1. POLICIES
   a. *The Lead Agency, with the assistance of the* VICC*, ensures that the child find system under* Part C *is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health and social service programs relevant to this part, tribes and tribal organizations that receive payments under* Part C*, and other tribes and tribal organizations as appropriate, including efforts in the*:
      (1) *Department of Education's Assistance to States Program under Part B of the Act*;
      (2) *Maternal and Child Health Program under Title V of the Social Security Act*;
      (3) *Medicaid's Early Periodic Screening, Diagnosis and Treatment [EPSDT] Program under Title XIX of the Social Security Act*;
      (4) *Developmental Disabilities Assistance and Bill of Rights Act*;
      (5) *Head Start Act*;
      (6) *Supplemental Security Income program under Title XVI of the Social Security*

Act.

(34 CFR 303.321)

(7) Virginia Congenital Anomalies Reporting and Education System (Virginia CARES);
(8) Virginia Hearing Impairment Identification and Monitoring System (Virginia HIIMS); and
(9) Virginia Department for the Blind and Vision Impaired.

b. *The Lead Agency, with the advice and assistance of the* VICC, has taken *steps to ensure that:*
(1) *There will not be unnecessary duplication of effort by the various agencies involved in* Virginia's *child find system under* Part C*; and*
(2) Virginia *will make use of the resources available through each public agency* and/or other participating agency *in the state to implement the child find system in an effective manner.*

(34 CFR 303.321(c)(2))

2. PROCEDURES
a. The Lead Agency facilitates the participation and involvement of state-level agencies in the development of interagency agreements regarding the child find system. Each agreement shall meet the requirements in paragraphs (b) through (d) of Section 34 CFR 303.523.
b. LICCs facilitate the development of formal interagency agreements among local agencies involved in the early identification of children with developmental delays. These agreements shall be consistent with state-level agreements and shall build upon existing local services and resources for infants/toddlers and their families. These agreements include procedures for:
(1) Providing ongoing, up-to-date information to agencies involved in the development and implementation of the local child find system;
(2) Clarifying the roles of each agency; and
(3) Identifying issues where more specific interagency agreements would facilitate the implementation of a local comprehensive child find system.

D. Point of Entry

1. POLICIES
a. Localities determine the places where families and primary referral sources can make initial contact with the Part C system.
b. Regardless of the number of places determined by a locality for initial contact, the Lead Agency ensures the availability of a local central point of entry in each locality to ensure nonduplication of services, assist in identifying gaps in services, and coordinate data collection.

2. PROCEDURES
a. LICCs determine those responsible for carrying out the functions of the local central point of entry. A local central point of entry serves as a mechanism to ensure that:
(1) Necessary information is collected in order to approve entry into the Part C system;
(2) Nonduplication of resources is monitored;
(3) Data are collected;
(4) Temporary service coordinators are assigned; and
(5) Referrals for multidisciplinary/interdisciplinary/transdisciplinary evaluation are received by the appropriate agency/individual.

Those carrying out the functions of the local central point of entry can also

provide information to families and/or other interested persons regarding accessing services or available resources as needed.

E. Primary Referral Sources and Referral for Multidisciplinary/Interdisciplinary/Transdisciplinary Team Evaluation and Assessment

1. POLICIES
   a. The Lead Agency, *with the assistance of the* VICC ensures that *the child find system includes* the preparation of information for parents on the availability of early intervention services and dissemination of this information to all primary referral sources, especially hospitals and physicians, including procedures for determining the extent to which such sources disseminate such information to parents of infants and toddlers. Procedures must assist a child and family in accessing services from the *appropriate public agency* and/or other participating agency/provider *within the system for:*
      (1) *Evaluation and assessment, in accordance with 34 CFR 303.322 and 34 CFR 303.323; or*
      (2) *As appropriate, the provision of services in accordance with 34 CFR 303.342(a) or 34 CFR 303.345.* (34 CFR 303.321(d)(1))
   b. The Lead Agency ensures that procedures *provide for an effective method of making referrals by primary referral sources,* especially hospitals and physicians. (34 CFR 303.321(d)(2)(i))
   c. The Lead Agency *ensures that referrals* for multidisciplinary/interdisciplinary/ transdisciplinary evaluation *are made no more than two* (2) *working days after a child has been identified.* (34 CFR 303.321(d)(2)(ii))
   d. The Lead Agency ensures that the extent to which primary referral sources, especially hospitals and physicians, disseminate information on the availability of early intervention services to parents of children with disabilities can be determined. (34 CFR 303.321 (d)(2)(iii))
   e. In Virginia, *primary referral sources include:*
      (1) *Hospitals, including prenatal and postnatal care facilities;*
      (2) *Physicians;*
      (3) *Parents;*
      (4) *Child care programs;*
      (5) *Local educational agencies;*
      (6) *Public health facilities;*
      (7) *Other social service agencies; and*
      (8) *Other health care providers.* (34 CFR 303.321(d)(3))
   f. The Lead Agency ensures that once the public agency and/or other participating agency/provider receives a referral, a temporary service coordinator is appointed.
   g. *Once the public agency* and/or other participating agency/provider *receives a referral, it shall, within forty-five (45) calendar days:*
      (1) *Complete the evaluation and assessment activities in* 34 CFR 303.322; *and*
      (2) *Hold an IFSP meeting in accordance with* 34 CFR 303.342. (34 CFR 303.321 (e))

      NOTE: Individual child screening is not a mandatory procedure prior to multidisciplinary/interdisciplinary/transdisciplinary team evaluation and assessment and may not be used to extend the 45-day timeline for IFSP development.

2. PROCEDURES
   a. LICCs develop and implement mechanisms for including primary referral sources,

especially hospitals and physicians, in the child find system.

b. LICCs develop a plan for informing primary referral sources, especially hospitals and physicians, about procedures to assist families in accessing the early intervention system. Examples of local plans include procedures for disseminating informational materials such as developmental or child find brochures to primary care physicians, child development clinics and child care providers; dissemination through professional and parent organizations such as PTAs and state and local medical societies; and presentations at parent or professional organizations and conferences.
c. The Lead Agency, through ongoing surveys of families, determines the extent to which primary referral sources, especially hospitals and physicians, disseminate information on the availability of early intervention services to parents of infants and toddlers with disabilities.
d. LICCs maintain a listing of all primary referral sources, and regularly disseminate on a locally-determined schedule, information on the availability of services.
e. LICCs develop and implement policies and procedures (including mechanisms) for the referral process for a multidisciplinary/interdisciplinary/transdisciplinary team evaluation and assessment.
f. LICCs develop and implement policies and procedures (including mechanisms) for the assignment of a temporary service coordinator when referral for evaluation and assessment is received by the central point of entry.
g. LICCs develop procedures which ensure that the timelines for referral for multidisciplinary/interdisciplinary/transdisciplinary evaluation and assessment and holding an IFSP meeting are met. Implementation of local procedures are monitored by the Lead Agency through monitoring and supervision practices to ensure compliance with timelines.
h. The service coordinator is responsible for fully informing parents about their rights and responsibilities under Part C and about available procedural safeguards.

F. Notice to Parents

Section 300.561 Notice to Parents is included in its entirety in Component X - Procedural Safeguards.

G. Efforts Related to At-Risk Infants and Toddlers

Part C funds may be used to strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purposes of:

1. *Identifying and evaluating at-risk infants and toddlers;*
2. Making referrals of the infants and toddlers identified and evaluated under (1) above; and
3. *Conducting* with parent permission *periodic follow-up on each* such *referral to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under Part C.* (34 CFR 303.3(e))

VI. EVALUATION, ASSESSMENT AND NONDISCRIMINATORY PROCEDURES

A. Multidisciplinary/Interdisciplinary/Transdisciplinary Evaluation and Assessment

1. POLICIES
   a. The Lead Agency (DMHMRSAS) ensures the performance of a *timely, comprehensive, multidisciplinary*/interdisciplinary/transdisciplinary *evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child*. (34 CFR 303.322(a)(1)
   b. The Lead Agency *ensures that* evaluation and assessment *requirements are implemented by all affected public agencies* and/or other participating agencies/providers in Virginia. (34 CFR 303.322(a)(2))
   c. In Virginia, "family" is defined according to each family's definition of itself. This is essential for the purpose of the family's participation in their child's evaluation and assessment and in the identification of their resources, priorities and concerns relative to enhancing the development of their child. A child's parent(s) determine who will be considered family and, therefore, participate in the identification of family resources, priorities and concerns. Such inclusive definitions of family are an acknowledgment of the many family structures and patterns present in the diverse racial, ethnic, and cultural groups in Virginia.
   d. In Virginia, "multidisciplinary" *means the involvement of two or more disciplines or professions in the provision of the integrated and coordinated services, including evaluation and assessment activities* and participation in the three evaluation components identified in A.1.g.4, *and development of the IFSP*. (34 CFR 303.17)

      Teams may include individuals from various agencies or professions, depending on the unique needs of each child and his or her family. Every child and family will not receive an evaluation and assessment from the same professional team members (e.g., every child evaluated does not need a physical therapy evaluation). Each team includes the family and providers from at least two disciplines or professions with sufficient disciplinary expertise to assess the child's level of functioning in the required developmental areas. The method of team interaction used, such as multidisciplinary, interdisciplinary or transdisciplinary is left to the discretion of the team.

   e. In Virginia, "evaluation" *means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under* Part C *consistent with the definition of "infants and toddlers with disabilities"* for participation in early intervention services *including determining the status of the child in each of the developmental areas* (listed below in A.1.g. (4)(b)).(34 CFR 303.322(b)(1))
   f. In Virginia, "assessment" *means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility* under *Part C* for early intervention services *to identify:*
      (1) *The child's unique strengths and needs*;
      (2) R*esources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler with a disability*; and (34 CFR 303.322(b)(2))
      (3) The nature and extent of early intervention *services appropriate to meet those needs*.
   g. The Lead Agency ensures that *the evaluation and assessment of a child*:

(1) Are *conducted* only with *prior written parental consent*; and (34 CFR 303.404(a)(1))
(2) Are *conducted by personnel trained to* use *appropriate methods and procedures*.

(34 CFR 303.322(c)(1))

Appropriate methods and procedures include a variety of team approaches to evaluation and assessment,among them:
(a) The use of standardized measures of child health and development;
(b) Interviews and discussions with families;
(c) Observations of the child in natural settings;
(d) Play-based assessment;
(e) Transdisciplinary arena assessment; and
(f) A variety of other methods and procedures.

(3) Are *based on informed clinical opinion* (34 CFR 303.322(c)(2)) and are consistent with professional standards of competence;

NOTE: "Informed clinical opinion" makes use of qualitative and quantitative information to assist in forming an eligibility determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Use of informed clinical opinion as a separate basis for establishing eligibility helps assure that children needing early intervention services will be appropriately identified at the earliest possible age. Evaluators may use any or all of the following to reach an informed clinical opinion about the development of a particular child; clinical interviews with the parent(s), evaluation of the child at play, observation of parent-child interaction, information from teachers or child care providers, and neurodevelopmental or other physical examinations.

(4) *Include the following* components:
(a) *A review of pertinent records* less than six months old *related to the child's current health status and medical history* (34 CFR 303.322(c)(3)(i)). Vision and hearing records must be included in this review, when available;
(b) *An evaluation of the child's level of functioning* or review of existing evaluation data less than six months old *in each of the following developmental areas:*

(34 CFR 303.322(c)(3)(ii))

i) *Cognitive*;
ii) *Physical, including* fine motor, gross motor, *vision and hearing*;
iii) *Communication*;
iv) *Social or emotional development*; and
v) *Adaptive development.*

(c) *An assessment of the unique* strengths and *needs of the child in terms of each of the developmental areas in* (b) above, *including the identification of services appropriate to meet those needs*. (34 CFR 303.322(c)(3)(iii))

(5) Are completed for the purposes of determining eligibility.

h. *The Lead Agency ensures that the rights of the child and family are protected as follows*:
(1) Written parental consent is *obtained before conducting the initial evaluation and assessment of a child*. (34 CFR 303.404(a)(1))
(2) Families have the right to inspect and review records related to evaluations and assessments.

(3) The family is given the option to participate at the level they desire in all evaluations and assessments and in meetings where resulting information is discussed or interpreted. The family, however, must always be present at IFSP meetings.

i. In Virginia, "family assessment" means identification of family resources, priorities and concerns relative to enhancing the development of the child. Identification of family resources, priorities and concerns is based on the family's determination of which aspects are relevant to the development of the child.

j. The Lead Agency ensures that family assessment:

(1) *Must be family-directed and designed to determine the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.*

(34 CFR 303.322(d)(1))

(2) Is *voluntary on the part of the family*. (34 CFR 303.322(d)(2))

k. The Lead Agency ensures that *if an assessment of the family is carried out, the* assessment must:

(1) Be *conducted by personnel trained to* use *appropriate methods and procedures*; (34 CFR 303.322(d)(3)(i))

NOTE: This policy should not be interpreted as a requirement or recommendation that any particular discipline or profession is the most appropriate choice for the process of identifying family resources, priorities and concerns relative to enhancing the child's development.

(2) *Be based on information provided by the family through a personal interview*; and

(34 CFR 303.322(d)(3)(ii))

(3) *Incorporate the family's description of its resources, priorities and concerns related to enhancing the child's development.*

(34 CFR 303.322(d)(3)(iii))

NOTE: The process of identifying family resources, priorities and concerns under Part C relative to enhancing the development of the child is different from psychological or traditional family assessment. Therefore, psychological instruments designed to assess constructs such as stress, depression, locus of control, and similar characteristics of the family or of individual family members are not appropriate for the identification of family resources, priorities and concerns under Part C, unless assistance with such matters is specifically requested by a particular family relative to enhancing the development of the child.

l. The Lead Agency ensures that:

(1) The evaluation and initial assessment of each child/family *is completed within the 45 (calendar) day* time period from referral for evaluation, leaving sufficient time for development of an IFSP; (34 CFR 303.322(e)(1))

(2) *In the event of exceptional circumstances that make it impossible to complete evaluation and assessment in 45 days*, local participating *agencies*/providers: (34 CFR 303.322(e)(2))

(a) *Document those circumstances*; and (34 CFR 303.322(e)(2)(i))

(b) *Develop and implement an interim IFSP, to the extent appropriate and consistent with 34 CFR 303.345(b)(1) and(b)(2)*

(34 CFR 303.322(e)(2)(ii)).

m. The Lead Agency ensures that *evaluation and assessment are required functions that must be carried out at public expense* by Virginia *and for which no fees may be charged to parents*. (34 CFR 303.521(b)(2))

n. The Lead Agency ensures that if the family of a child previously found to be ineligible believes the child's status has changed, the family may re-refer the child for a multidisciplinary/interdisciplinary/transdisciplinary team evaluation and assessment.

2. PROCEDURES

a. Local interagency coordinating councils (LICCs) facilitate the development of interagency agreements to enhance the availability of staff to participate in evaluations and assessments. Each participating agency is responsible for ensuring implementation of these interagency agreements. Participating agencies will use informal and formal channels to resolve implementation problems. Unresolved problems will be brought to the local interagency coordinating council for resolution.

b. The service coordinator or other designated person is responsible for fully informing parent(s) about their rights and responsibilities as part of the evaluation or assessment planning process, in accordance with Virginia policies and procedures for procedural safeguards.

c. The service coordinator is responsible for explaining the confidentiality rights to the family, in accordance with Virginia's policies and procedures for procedural safeguards, since parent(s) can choose not to share information from any previous evaluations. They also can choose to share only selected parts of already existing evaluations.

d. The service coordinator is responsible for ensuring that the team responsible for evaluation and assessment includes the family. Each family determines for itself the extent of its participation and which family members will participate on the team for the purposes of evaluation and assessment.

e. The service coordinator is responsible for ensuring that the professionals selected for each evaluation or assessment team are based on the identified resources, priorities and concerns of each individual child and family. Each team includes the family and professionals from at least two disciplines or professions and sufficient disciplinary expertise to assess the child's status in the developmental areas listed in these policies.

f. The service coordinator is responsible for ensuring that child and family assessment planning activities are in accordance with family preferences.

g. It is the responsibility of the service coordinator to determine with the parents who participates on the multidisciplinary/interdisciplinary/transdisciplinary team that will be conducting evaluations for the purposes of determining initial or continuing eligibility. The composition of the team may differ depending on a variety of factors such as:
   (1) The perceived resources, priorities and concerns of the child and family; and
   (2) The suggestions of the family, including the family members they choose to participate, the providers they suggest to participate, and any other persons they believe could provide useful input.

h. Provider members of the evaluation or assessment team are responsible for facilitating family participation by at least:
   (1) Scheduling meetings in advance and at times during which it is possible for families to attend;
   (2) Explaining medical, technical, or discipline-specific terms in everyday language as a matter of course, rather than assuming that the family will request an explanation; and
   (3) Openly acknowledging differences in provider perspectives and opinions so that the family can make an informed decision. This is essential since meaningful participation of families in evaluations and assessments and in meetings where resulting information is discussed is likely only when other team members recognize the value

of family participation.

i. For the purposes of determining initial eligibility, the multidisciplinary/interdisciplinary/ transdisciplinary team must, with parental consent, include a review of pertinent records less than six (6) months old from the primary care physician and other sources related to the child's current health status, physical development (including vision and hearing), and medical history, or arrange for participation by primary health care provider(s). Other records pertinent to evaluation and assessment, such as birth records, newborn screening results and early medical history, must also be reviewed by the team (with parent consent), even if those records are more than six (6) months old. It must be documented in the child's record if the parent(s) choose not to consent to a review of records.

j. The multidisciplinary/interdisciplinary/transdisciplinary team must consider the results of an independent evaluation when such consideration is requested by the family. The multidisciplinary/interdisciplinary/transdisciplinary team is responsible for documenting its review of each independent evaluation to ensure that it includes all information required and may choose to conduct partial evaluations to supplement the information provided by the independent evaluation. Independent evaluations must have been conducted no more than six (6) months prior to determining eligibility because child development changes so quickly at this age.

k. The evaluation team, with the permission of the parent(s), is responsible for reviewing any evaluation data less than six (6) months old to determine if they are appropriate for inclusion in determining eligibility in order to prevent children and families from undergoing unnecessary evaluation and duplication of already existing evaluation information. However, given the rapid changes in growth and development in infancy, evaluation teams need to ensure that all information used to determine eligibility accurately reflects a child's current status.

l. The service coordinator explains the purpose of identifying family resources, priorities and concerns to each family so that a family's decision to participate or not is an informed choice.

m. Before any formal or informal process to identify family resources, priorities and concerns begins, the service coordinator or other designated person informs individual families and participating family members that participation in such activities is strictly voluntary on the part of the family, that the process will be family directed, and that a family's decision not to participate in this process will not affect the child's eligibility for early intervention services.

n. The service coordinator is responsible for ensuring that each family is offered multiple and continuing opportunities to identify its own resources, priorities and concerns in those areas of family life that the individual family feels are relevant to its ability to enhance the child's development. A family's choice about their level of participation may change over time. The boundaries of this process are set by the family and individual family members.

o. The service coordinator and the family are responsible for choosing the most appropriate person and the best methods and procedures for the process of identifying family resources, priorities and concerns relative to enhancing the child's development depending on the family's preferred methods of sharing information and on which areas of family life that it identifies as relevant to its ability to enhance the child's development.

p. The service coordinator is responsible for ensuring that the method of obtaining information from the family is directed by the family and may include, but is not limited to, a face-to-face discussion, an informal conversation, or the completion of a checklist or inventory by the family. No one method is recommended for all families.

q. The service coordinator is required to document in the child's records any and all circumstances that result in required initial evaluations and assessments not being completed within the required timelines.

r. The multidisciplinary/interdisciplinary/transdisciplinary team determines the child's eligibility based on the results of the initial evaluation and assessment. If the child is determined to be eligible, the family decides whether to accept early intervention services. Eligible children whose families choose to accept services participate in establishing an IFSP. Children who are determined to be ineligible for Part C services are referred to appropriate resources.

s. The service coordinator is responsible for ensuring that the appropriate multidisciplinary/ interdisciplinary/transdisciplinary team members have an opportunity to participate through the recommendation of outcomes and strategies if the multidisciplinary/ interdisciplinary/transdisciplinary team and the IFSP team are not the same.

t. The service coordinator is responsible for ensuring that ineligible children are referred to other resources that may be available, if appropriate, with the permission of the parent(s). These resources may include other State agencies responsible for administering the various educational, health, and social service programs relevant to these children such as Head Start, Medicaid's Early Periodic Screening Diagnosis and Treatment Program (EPSDT), and also includes local public and private agencies and places of business.

u. The Lead Agency ensures the provision of training on topics relevant to service coordination based on parent/provider partnership and family-centered approaches for service delivery.

B. Nondiscriminatory Procedures

1. POLICIES
   a. The Lead Agency has *adopted nondiscriminatory evaluation and assessment procedures. The procedures provide that public agencies* and/or other participating agencies/ providers *responsible for the evaluation and assessment of children and families under Part C ensure that at a minimum*:
   b. *Tests and other evaluation materials and procedures are administered, conducted, and interpreted in the native language of the* family *or other modes of communication* and with cultural sensitivity, *unless it is clearly not feasible to do so*;
   c. *Any assessment/evaluation procedures and materials used are selected and administered so as not to be racially or culturally discriminatory*;
   d. *No single procedure is used as the sole criterion for determining a child's eligibility under* Part C; and
   e. *Evaluations and assessments are conducted by qualified personnel.* (34 CFR 303.323)

2. PROCEDURES
   a. LICCs develop and implement policies and procedures (including mechanisms) that reflect implementation of nondiscriminatory evaluation and assessment procedures.
   b. The Lead Agency assists service providers in obtaining access to evaluations and assessments that meet the requirements of Part C related to nondiscriminatory procedures.

VII. INDIVIDUALIZED FAMILY SERVICE PLANS

A. General

1. POLICIES
   a. The Lead Agency (DMHMRSAS) ensures that state and local *policies and procedures* regarding *individualized family service plans meet requirements of* federal regulations. (34 CFR 303.340(2))
   b. "Individualized family service plan" and "IFSP" *mean a written plan for providing early intervention services to eligible* children/families that:
      (1) Is *developed jointly by the family and appropriate qualified personnel* providing *early intervention services*;
      (2) Is *based on the* multidisciplinary *evaluation and assessment of the child and the assessment of the resources, priorities and concerns* of the *child's family* as determined by the family; and
      (3) *Includes* outcomes, strategies, and *services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child*.
   c. The Lead Agency ensures that:
      (1) Evaluations and assessments are conducted in accordance with §303.322; (34 CFR 303.340 (b)(2))
      (2) *An IFSP* (based on the multidisciplinary evaluation and assessment) *is developed and implemented, in accordance with §§303.342 and 303.343, for each* eligible *child*/family from birth through age two. For children eligible for Part B services (as per the *Code of Virginia*), the appropriate requirements are met; and (34 CFR 303.340(c))
      (3) Service coordination services are *available to each eligible child/family*.
   d. The Lead Agency ensures that a current IFSP is in effect and implemented for each eligible child and the child's family.
   e. The Lead Agency resolves disputes or assigns responsibility if there is *a dispute between agencies regarding who has responsibility for developing or implementing an IFSP* that cannot be resolved at the local level.

      NOTE: In instances where an eligible child must have both an IFSP and an individualized service plan under another federal program, it may be possible to develop a single consolidated document, provided that it (1) contains all the required information in §303.344, and (2) is developed in accordance with the requirements of this part. (34 CFR 303.340(c))

   f. The Lead Agency ensures that the IFSP is translated into the native language of the family, unless clearly not feasible to do so.

B. IFSP Development, Review and Evaluation

1. POLICIES
   a. For a child that has been evaluated for the first time and determined to be eligible, the Lead Agency ensures that *a meeting* is conducted *to develop the initial IFSP within 45 days* of the referral for evaluation and assessment. (34 CFR 303.342(2))
   b. The Lead Agency ensures that a periodic *review of the IFSP for a child and family* is *conducted every six months or more frequently if conditions warrant, or if the family requests such a review. The IFSP review may be carried out by a meeting or by another means that is acceptable to the parents and other participants* as long as

all members have the opportunity to provide input about all contents of the IFSP. The purpose of the periodic review is to determine:
(1) The degree to which progress toward achieving the outcomes is being made; and
(2) *Whether modification or revision of the outcomes or services is necessary*.
(34 CFR 303.342(b))

c. The Lead Agency ensures that an IFSP *meeting* is *conducted on at least an annual basis to evaluate the IFSP for a child and the child's family and to revise its provision*(s) *as appropriate*. The Lead Agency ensures *that the results of any current evaluations conducted under §303.322(c), and other information available from the ongoing assessment of the child/family is used in determining what services are needed and will be provided*. The IFSP meeting may be carried out by any means acceptable to the parents and other participants. (34 CFR 303.342(c))

d. The Lead Agency ensures that IFSP meetings:
(1) Are conducted *in settings and at times convenient* to *families*;
(2) Are conducted in *the native language of the family or other mode of communication, used by the family, unless clearly not feasible to do so*; and
(3) Are arranged *and written notice is provided to the family and other participants early enough before the meeting to ensure that they* are *able to attend*.
(34 CFR 303.342(d))

e. The Lead Agency ensures that *the contents of the IFSP shall be fully explained to* the *parent*(s) *and informed written consent from the parent*(s) is *obtained prior to the provision of early intervention services described in the plan. If the parent*(s) *do not provide consent with respect to a particular early intervention* service *or withdraw consent after first providing it*, the Lead Agency ensures that *that service* is *not provided*. The Lead Agency ensures that *the early intervention services to which parental consent is obtained* are *provided*. (34 CFR 303.342(e))

2. PROCEDURES

a. The temporary service coordinator is responsible for scheduling the initial IFSP meeting within the 45-day timeline and for providing written prior notice and consent, and a copy of the official notice of infant/toddler and family rights in accordance with Component X - Procedural Safeguards, A - Protection of the Rights of the Child and Parents, 1 - Policies.

b. The service coordinator is responsible for conducting the IFSP meetings and for revising or modifying the IFSP with the family. The service coordinator is also responsible for providing written prior notice of the IFSP meetings to the family and other team members.

c. Families and other IFSP team members can request an IFSP review by contacting the service coordinator at any time.

d. The service coordinator is responsible for scheduling a periodic review of the IFSP at least every six months. The periodic review may be carried out by an actual meeting or by other means that are acceptable to the parent(s) and other participants as long as all members have the opportunity to provide input about all contents of the IFSP.

e. The service coordinator is responsible for scheduling an annual IFSP meeting (at least by the anniversary date of the initial or previous annual IFSP meeting) to evaluate the IFSP, using results of written evaluations and ongoing assessment, and, as appropriate, to revise its provisions. Because the annual IFSP meeting incorporates a periodic review, *it is necessary to have only one separate periodic review each year (i.e., six months after the initial and subsequent annual IFSP* reviews*), unless conditions warrant otherwise*.

Note: Because the needs of infants and toddlers change so rapidly during the course of a year, certain evaluation procedures may need to be repeated before

conducting the periodic reviews and annual evaluation meetings.(34 CFR 303.342 Note)

f. The service coordinator is responsible for ensuring that the IFSP team uses both information from the family regarding their priorities and preferences and any current evaluations and assessment information in determining which IFSP services and informal/formal supports and resources are needed.
g. The service coordinator is responsible for arranging IFSP meetings in settings that are comfortable and convenient for families and that facilitate a family's ability to participate. Possible setting options include, but are not limited to, a family's home, the home of a neighbor or of a family child care provider, child care centers, churches, family resource centers, and other community buildings where children and their families normally spend time.
h. The service coordinator is responsible for explaining the contents of the IFSP to the parent(s) and obtaining informed written consent from the parent(s) prior to the provision of early intervention services described in the IFSP.
i. Service providers are responsible for providing only those services for which parent consent is obtained.

C. Prior Notice; Native Language

1. POLICIES
   a. The Lead Agency ensures that *written prior notice* is *given to the parent*(s) *of a child eligible under* Part C *a reasonable time* (5 calendar days) *before a public agency* and/or other participating agency/provider *proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family*.(34 CFR 303.403(a))
   b. The Lead Agency ensures that *the notice is in sufficient detail to inform the parents about*:
      (1) The action proposed or refused;
      (2) *The reasons for taking the action*;
      (3) *All procedural safeguards that are available under Secs. 303.401-303.460 of this part; and*
      (4) *The State complaint procedures under Secs. 303.510-303.512, including a description of how to file a complaint and the timelines under those procedures.* (34 CFR 303.403(b))
   c. The Lead Agency ensures that *"native language," where used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under* Part C.(34 CFR 303.401(b))
      (1) *The notice* is *written in language understandable to the general public*;
      (2) The notice is *provided in the native language of the parents, unless it is clearly not feasible to do so*;
      (3) *If the native language or other mode of communication of the parent is not a written language, the public agency* and/or other participating agency/provider, is responsible for taking *steps to ensure that:*
         (a) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;
         (b) The parent understands the notice; and
         (c) *There is written evidence that the requirements of this paragraph have been met.*
      (4) *If a parent is deaf or blind, or has no written language, the mode of communication* is *that normally used by the parent (such as sign language,*

Braille, or oral communication). (34 CFR 303.403(c)(3))

2. PROCEDURES
   a. The Lead Agency provides copies of the official notice of parent(s)' rights and safeguards to LICCs.
   b. At the point of entry, the temporary service coordinator provides families with an official notice of parents' rights and safeguards, including prior notice.
   c. The temporary service coordinator/service coordinator or designee is responsible for ensuring that parents receive written prior notice before a local participating agency/provider proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family.
   d. Local interagency coordinating councils (LICCs) develop and implement local policies and procedures (including mechanisms) to ensure that if a parent is deaf or blind, or has no written language, the mode of communication must be that which is normally used by the parent (such as sign language, Braille, or oral communication).
   e. LICCs develop and implement local policies and procedures (including mechanisms) to ensure that prior notices are:
      (1) Available in written format, and disseminated and explained to families within the timelines established through the official prior notice and consent forms;
      (2) Written in the family's native language, unless clearly not feasible to do so; and
      (3) Translated orally (if the family's native language is not a written language), so that the parent(s) understands the notice.

      NOTE: Localities must document that the requirements of item (3) are met.

   f. The temporary service coordinator/service coordinator or designee must document that prior notice requirements have been met.

D. Participants in IFSP Meetings and Periodic Reviews

1. POLICIES
   a. The Lead Agency ensures that the *initial* IFSP *meeting and each annual meeting to evaluate the IFSP includes the following participants*:
      (1) *The parent or parents of the child*;
      (2) *Other family members as requested by the parent, if feasible to do so*;
      (3) *An advocate or person outside of the family if the parent requests that the person participate*;
      (4) *The service coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated by the public agency* and/or other participating agency/provider *to be responsible for implementation of the IFSP*;
      (5) *A person or persons directly involved in conducting the evaluations and the assessments in §303.322*; and
      (6) *As appropriate, persons who will be providing services to the child or family*.
      (34 CFR 303.343(a)(1))
   b. The Lead Agency ensures that *if a person in* D.1.a. (above) who is directly involved in conducting the evaluation/assessment *is unable to attend a meeting, arrangements* are *made for the person's involvement through other means, including*:
      (1) *Participating in a telephone conference call*;
      (2) *Having a knowledgeable authorized representative attend the meeting; or*

(3) *Making pertinent records available at the meeting.* (34 CFR 303.343(a)(2))

c. The Lead Agency ensures that *each periodic review must provide for participation of persons* listed in D.1.a.(1 - 4) of this section. *If conditions warrant, provisions must be made for the participation of other representatives identified in D.1.a.* (34 CFR 303.343(b))

2. PROCEDURES

a. The service coordinator is responsible for making arrangements for required participants to participate in annual IFSP meetings, including:
   (1) Parent or parents of the child;
   (2) Other family members as requested by the parent(s), if feasible to do so;
   (3) An advocate or person outside of the family if the parent requests that the person participate;
   (4) The service coordinator who has been working with the family since the initial referral of the child for evaluation or who has been designated by the public agency and/or other participating agency/provider to be responsible for implementation of the IFSP;
   (5) A person or persons directly involved in conducting the evaluation and the assessment under §303.322; and
   (6) As appropriate, persons who will be providing services to the child/family.

b. The service coordinator is responsible for making arrangements for required participants to participate in periodic IFSP reviews, including individuals listed in 2.a.1 through 2.a.4 (above), as well as individuals included in 2.a.5 and 2.a.6. as conditions warrant.

c. The service coordinator is responsible for ensuring that the IFSP meetings are scheduled at times convenient for team members with preferences being given to times that are best for the family.

d. The service coordinator is responsible for ensuring that IFSP team members who are not able to meet at times convenient for the family are given other options for IFSP participation, such as telephone consultations or written recommendations. All members must have the opportunity to provide input about all content areas of the IFSP.

E. <u>Content of the IFSP</u>

1. POLICIES

a. The Lead Agency, in accordance with 34 CFR 303.344, ensures that the IFSP is in writing and contains:
   (1) A statement of the child's present levels of physical development (*including* fine motor, gross motor, *vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development, based on professionally acceptable objective criteria*;
   (2) *With the concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child;*
   (3) *A statement of the major outcomes expected to be achieved for the child and the family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary;*

   NOTE: IFSP outcomes are not the same thing as IEP goals or objectives. Outcomes are statements of the changes that families want to see for their children or themselves as a result of their participation in early intervention and are measurable.

   (4) *A statement of the specific early intervention services necessary to meet the*

unique needs of the child and the family to achieve the outcomes identified in (3) above, including the frequency, intensity, and method of delivering services;

(5) *A statement of the natural environments,* as described in Sec. 303.12 (b) and Sec. 303.18, *in which early intervention services* are *provided, and a justification of the extent, if any, to which the services* are *not provided in a natural environment;*

(6) *The location of the services;*

(7) *The projected dates for initiation of services as soon as possible after the IFSP meeting and the anticipated duration of those services;*

(8) *The name of the service coordinator from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities under this part) who* is *responsible for the implementation of the* IFSP *and coordination with other agencies and persons;*

(9) *The payment arrangements, if any; and*

(10) *The steps to be taken,* including timelines, *to support the transition of the child to preschool under Part B of the act, to the extent those services are appropriate, or other services that may be available, if appropriate.*

b. In Virginia:

(1) *"frequency" and "intensity" mean*:

(a) *The number of days/sessions* that *a service* is *provided*;

(b) *The length of time the service is provided during each session*;

(c) *Whether the session is provided on an individual or group basis*.

(2) *"Location" means actual place or places where each service will be provided*. (34 CFR 303.344(d)(3))

(3) *"Method" means how a service is provided*. (34 CFR 303.344(d)(2)(ii))

c. The Lead Agency ensures that *to the extent appropriate, the IFSP includes*:

(1) *Medical and other services* necessary to the *child, but that are not required under Part C*; (34 CFR 303.344(e)(1)(i))

(2) *The funding sources to be used in paying for those services, or the steps* to be *taken to secure services through public or private sources*;(34 CFR 303.344(e)(1)(i))

(3) "Other services" does not include *routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services* and they *are not otherwise available or being provided*. (34 CFR 303.344(e)(2))

NOTE: "Other services" are services that a child or family needs, but that are neither required nor covered under Part C. *While listing the non-required services in the IFSP does not mean that those services must be provided, their identification can be helpful to both the child's family and the service coordinator for the following reasons. First, the IFSP provides a comprehensive picture of the child's total service needs (including the need for medical and health services, as well as early intervention services). Second, it is appropriate for the service coordinator to assist the family in securing the non-required services (e.g., by (a) determining if there is a public agency that could provide financial assistance, if needed; (b) assisting in the preparation of eligibility claims or insurance claims, if needed; and (c) assisting the family in seeking out and arranging for the child to receive the needed medical-health services).*

Thus, to the extent appropriate, it is important for Virginia's *procedures under*

this part to ensure that other needs of the child, and of the family related to enhancing the development of the child, such as medical and health needs, are considered and addressed, including determining (a) who will provide each service, and when, where, and how it will be provided; and (b) how the service will be paid for (e.g., through private insurance, an existing Federal-State funding source such as Medicaid or EPSDT, or some other funding arrangement). (34 CFR 303.344, Note 3)

d. The Lead Agency ensures that the IFSP:
   (1) *Include*s a statement of the *projected dates for initiation of service*s in E.1a.4 above *as soon as possible after the IFSP meetings described in §303.342* and the *anticipated duration of services*. (34 CFR 303.344(f))
   (2) *Includes the name of the* service coordinator *from the profession most immediately relevant to the child's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities) who is responsible for implementation of the IFSP and coordinating with other agencies and persons* (34 CFR 303.344(g)(1) see Virginia policies on service coordination, "H" of this component). *In meeting this requirement, the IFSP team, which includes the family, may* (a) *assign the same* service coordinator *who was appointed at the time the child was initially referred for evaluation, or* (b) *appoint a new* service coordinator. *As used in* this *paragraph, the term "profession" includes "service coordination".*
   (3) Addresses *"transition at age three"* including *steps to support transition of the child* and family at ages two and three to *preschool services under* IDEA-*Part B* to the extent appropriate and to *other services* available if appropriate (see Virginia policy on transition, section "I" of this component). (34 CFR 303.344(h))

   Note: Although the IFSP includes information about each of the items listed [in this section] *this does not mean the IFSP must be a detailed, lengthy document. It might be a brief outline, with appropriate attachments that address each of the points in the paragraphs under this section. It is important for the IFSP to be clear about (a) what services are to be provided; (b) the actions that are to be taken by the service coordinator in initiating those services, and (c) what actions will be taken by the parent(*s*).* (34 CFR 303.344, Note 4)

2. PROCEDURES
   a. LICCs are responsible for developing policies and procedures for completion of a written IFSP for each child and family using the required statewide IFSP form. The policies and procedures should be consistent with guidance provided by the Part C Lead Agency and should ensure that the IFSP team uses clear, non-technical language in developing the IFSP and uses a family's own words and language whenever possible.
   b. The statement of the child's developmental status, included in the IFSP, must be based on professionally accepted criteria, which are not limited to the assignment of an age range in each developmental domain, but also may include functional descriptions of the child's developmental status and the quality of child performance based on a variety of observational assessment methods and procedures.
   c. The service coordinator is responsible for informing the family that inclusion of a family-directed assessment related to enhancing the development of the child is voluntary and refusal to include such a statement in the IFSP in no way jeopardizes the services provided as part of the IFSP.
   d. The IFSP team is responsible for developing outcomes that are functionally stated. Outcomes are statements of the changes that families want to see for their children or themselves as

a result of their participation in early intervention and are measurable.

e. The IFSP team includes a statement of specific early intervention services necessary to meet the unique needs of the child and family, including the frequency, intensity, and method of delivering services, and to achieve the outcomes on the IFSP, without regard for the ability of the locality to provide these early intervention services.
f. The service coordinator is responsible for ensuring that families have multiple opportunities to make their wishes known on the selection of, and participation in, strategies and early intervention services (including frequency, intensity, location, method of delivery and dates of initiation) to meet IFSP outcomes.
g. The service coordinator is responsible for retaining a signed copy of the IFSP and for providing a copy to the family. Service providers may choose to have a copy of part of the IFSP if necessary and if permission is granted by the family.
h. The service coordinator is responsible for advising the family of the availability of advocacy services and of the dispute resolution procedures under Part C.

F. Provision of Services Before Evaluation and Assessment are Completed

1. POLICIES
   a. The Lead Agency ensures that *early intervention services for an eligible child/family may commence before the completion of the evaluation and assessment, if the following conditions are met*:
      (1) Documentation exists that there is a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, even though it is possible that no delay currently exists;
      (2) There are *obvious immediate needs that are identified even at the time of referral (e.g. a physician recommends that a child with cerebral palsy begin physical therapy as soon as possible);*
      (3) *Parental consent is obtained*;
      (4) *An interim IFSP is developed* by the IFSP team *that includes*:
         (a) *The name of the service coordinator who* is *responsible for implementation of the interim IFSP and coordination with other agencies and persons*;
         (b) *The early intervention services that* are *determined to be needed immediately by the child and the child's family*; and
         (c) *Signatures of both the temporary service coordinator and the parent*(s).
      (5) *The evaluation and assessment are completed within the [45 day] time period*.

(34 CFR 303.345)

2. PROCEDURES
   a. The temporary service coordinator and the family determine if there are immediate needs at the time of referral and if an interim IFSP is warranted (e.g., a child transitions from the NICU to home and requires immediate services related to feeding). If so, they jointly develop the interim IFSP in accordance with F.1.a.(4).
   b. The presence of an interim IFSP does not affect the 45-day time period for the completion of evaluation and assessment and development of the IFSP.

G. Other

1. POLICIES
   a. In Virginia,
      (1) "Parent" means *a natural or adoptive parent of a child, a guardian, a person acting as parent (such as a grandparent or stepparent with whom the child*

lives, or a person who is legally responsible for the child's welfare;), or a surrogate parent who has been assigned in accordance with Reg. 303.406. (34 CFR 303.19(

Unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the Act if:

(a) *The natural parents' authority to make the decisions required of parents under the Act has been extinguished under State law; and*
(b) *The foster parent-*
  i) *Has an ongoing, long-term parental relationship with the child;*
  ii) *Is willing to make the decisions required of parents under the Act;*
  iii) *Has no interest that would conflict with the interest of the child.*

(34 CFR 303.19(b))

(2) "Early intervention services" means services that:
  (a) *Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development*;

(34 CFR 303.12(a)(1))

  (b) *Are selected in collaboration with the parents*; (34 CFR 303.12(a)(2))
  (c) *Are provided*:
    i) Under public supervision; (34 CFR 303.12(a)(3)(i))
    ii) *By "qualified" personnel, as defined in* 34 CFR 303.22;

(34 CFR 303.12(a)(3)(ii))

These personnel need not be limited to traditional occupational categories.

    iii) *In conformity with an individualized family service plan*; and

(34 CFR 303.12(a)(3)(iii))

    iv) *At no cost, unless, subject to Reg. 303.520(b)(3), Federal or State law provides a system of payments by families, including a schedule of sliding fees*.

(34 CFR 303.12(a)(3)(iv))

  (d) *Meet the standards of* Virginia, *including the requirements of* Part C.

(34 CFR 303.12(a)(4))

(3) *"Natural environments" means settings that are natural or normal for the child's age peers who have no disability. To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and settings in which children without disabilities participate*.

(34 CFR 303.12(b))

(4) *"Health services" means services necessary to enable a child to benefit from other early intervention services under this part during the time the child is receiving the other early intervention services*. (34 CFR 303.13)

The term includes:

(a) *Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services*; and (34 CFR 303.13(b)(1))
(b) *Consultation by physicians with other service providers concerning the special health care needs of eligible children that need to be addressed in the course of providing other early intervention services*. (34 CFR 303.13(b)(2))

The term does not include the following:

(a) Services that are *surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus)*;
(b) Services that are *purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose)*;
(c) *Devices necessary to control or treat a medical condition*;
(d) *Medical-health services (such as immunizations and regular 'well-baby' care) that are routinely recommended for all children*. (34 CFR 303.13(c))

NOTE: This definition of health services *distinguishes between the health services that are required under* [Part C] *and the medical-health services that are not required. The IFSP requirements in* Part C *provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services or the steps that will be taken to secure the services through public or private sources. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under this part* (See 303.344(e), and Note 3). (34 CFR 303.13, Note)

(e) Transportation is an early intervention service and includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and related costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under Part C and the child's family to receive early intervention services. (34 CFR 303.12(d)(15))

(5) The Lead Agency ensures that *each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child's IFSP. However, Part C of the Act does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child's IFSP.* (34 CFR 303.346)

(6) The Lead Agency ensures that *to the extent appropriate, service providers in each area of early intervention services are responsible for*: (34 CFR 303.12(c))
(a) *Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;* (34 CFR 303.12(c)(1))
(b) *Training parents and others regarding the provision of those services; and* (34 CFR 303.12(c)(2))
(c) *Participating in the multidisciplinary*/interdisciplinary/transdisciplinary *team's assessment of a child and child's family, and in the development of integrated goals and outcomes for the individualized family service plan*. (34 CFR 303.12(c)(3))

H. Service Coordination

1. POLICIES
a. The Lead Agency ensures that services are coordinated across agencies and that service coordinators, including temporary service coordinators, are assigned and that policies and

procedures related to service coordination are carried out.

b. "Service Coordination" means the activities carried out by a service coordinator *to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under* Virginia's *early intervention program.* (34 CFR 303.23(a)(1))

c. The Lead Agency ensures that service coordination is a *required* function *that must be carried out at public expense, and for which no fees may be charged to parents*. (34 CFR 303.521(b)(3))

d. The Lead Agency ensures that families *retain the ultimate decision in determining whether they, their child, or other family members will accept or decline* any or all early intervention services, including service coordination, except where court ordered. (34 CFR 344 Note 2)

NOTE: In Virginia, courts are authorized to order parents and their children to participate in certain services as a result of abuse and neglect. Depending on the circumstances, these court-ordered services may include some Part C early intervention services.

e. The Lead Agency ensures that *each child*/family *eligible under this part* is *provided with one* service coordinator *who is responsible for*:
   (1) Coordinating all services across agency lines; and
   (2) *Serving as the single point of contact in helping parent*(s) *to obtain the services and assistance they need*. (34 CFR 303.23(a)(2))

f. The Lead Agency ensures that service coordinators are qualified employees including either professionals or paraprofessionals who have *demonstrated knowledge and understanding about*:
   (1) *Infants and toddlers who are eligible under this part;*
   (2) *Part C of the Act and the regulations in this part*;
   (3) *The nature and scope of services available under the early intervention program, the system of payments for services in* Virginia, *and other pertinent information*; and (34 CFR 303.23(d))
   (4) family-centered practice, team functioning, and interagency collaboration

g. The Lead Agency ensures that *service coordination is an active, ongoing process that involves*:
   (1) *Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan*;
   (2) *Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided*;
   (3) *Facilitating the timely delivery of available services*; and
   (4) *Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility*. (34 CFR 303.23(a)(3))

h. The Lead Agency ensures that the service coordinator is responsible for:
   (1) informing the family of its rights and procedural safeguards; the procedures for evaluation and assessments; the development, review and evaluation of the IFSP; and the delivery of services;
   (2) *Coordinating the performance of evaluations and assessments*;
   (3) *Facilitating and participating in the development, review, and evaluation of individualized family service plans*;

(4) *Assisting families* and other IFSP team members *in identifying available service providers*;
(5) *Coordinating and monitoring the delivery of available services*;
(6) *Informing families of the availability of advocacy services*;
(7) *Coordinating with medical and health providers*; and
(8) *Facilitating the development of a transition plan to preschool services, if appropriate*, or to other appropriate services that may be available. (34 CFR 303.23(b))

2. PROCEDURES
   a. LICCs develop and implement policies and procedures (including mechanisms) related to service coordination emphasizing:
      (1) Promoting family independence and self-sufficiency;
      (2) Supporting and accepting decisions made by families by assuming that all families have the capacity to understand, learn, and manage events in their lives;
      (3) Mobilizing informal supports to meet families' needs and the needs of their children;
      (4) Promoting family-provider partnerships;
      (5) Providing necessary information to families to make informed decisions; and
      (6) Assisting in preparing for transition.
   b. LICCs facilitate the development of local interagency agreements that detail an agency's role in the provision of service coordination in accordance with policies and procedures. Each LICC and participating agency is responsible for ensuring that it complies with the agreement. Participating agencies may use informal and formal channels to resolve implementation problems.
   c. LICCs establish a mechanism to assign a temporary service coordinator at the time of a child's referral.
   d. The LICC is responsible for having a procedure in place allowing the IFSP team, which includes the family, to designate the service coordinator at the initial IFSP meeting.

      NOTE: The procedures for designating a service coordinator at the time of the initial IFSP meeting do not preclude the temporary service coordinator from continuing as service coordinator.

   e. The IFSP team acknowledges the role of the service coordinator. The IFSP team ensures that the family knows who their service coordinator is, and knows the procedures to change their service coordinator. The family may choose the level to which they participate in service coordination activities and may change their level of involvement in service coordination as they desire during their participation in the Part C system

      NOTE: In order to ensure that the family has an opportunity to make an informed decision regarding their level of participation in service coordination activities, the family is involved in at least one meeting (e.g. an individual meeting with their service coordinator, or an IFSP or other team meeting which includes discussion of service coordination activities) prior to being asked their desired level of participation in service coordination activities.

   f. The IFSP team, which includes the family, determines the exact nature of the service coordination to be provided each child and family, depending on child and family resources, priorities and concerns, the complexity of the local service delivery system, and the availability of the needed resources and services.
   g. The IFSP team determines the frequency and intensity of service coordination for an individual family and child, but the frequency and intensity of service coordination may change as family strengths, needs, resources, and circumstances change.

h. LICCs develop written procedures outlining the process a family can follow to request a change in service coordinators.
i. The Lead Agency ensures the provision of training to enhance the knowledge, skills, and abilities of service coordinators.

I. Transition

1. POLICIES
   a. The Lead Agency ensures that each IFSP must *include* a component related to transition. This transition component is included in the IFSP throughout the child's and family's participation in Part C services beginning with the child's and family's initial IFSP. Requirements for the transition component of the IFSP include *the steps*, including timelines, *to be taken to support the transition of the child, upon reaching age* two (by September 30) or such time before the child reaches *three* years, *to*:
      (1) *Preschool services under Part B of the Act, to the extent that those services are considered appropriate;*
      (2) *Other services that may be available, if appropriate*; or (34 CFR 303.344(h))
      (3) No further services, if appropriate.
   b. The Lead Agency ensures that steps in transition plans are developed jointly by the family and Part C personnel as well as Part B personnel when required and appropriate and that the steps include:
      (1) Timelines;
      (2) *Discussions with, and training of, parents regarding future placements and other matters related to the child's transition;*
      (3) *Transmission, unless the parents disagree, of the child's name, address, telephone number, and birth date to the school division in which the child resides as the child becomes age eligible for Part B;*
      (4) *Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function, in the new setting;*
      (5) *With parental consent,* the transfer of child-specific *information to the local educational agency* (LEA), or to other local early intervention systems within Virginia or other state early intervention systems, *to ensure continuity of services, including evaluation and assessment information required in Sec. 303.322, and copies of IFSPs that have been developed and implemented in accordance with Secs. 303.340 through 303.346;* and (34 CFR 303.344(h)(2))
      (6) The Part B eligibility process.
   c. The Lead Agency ensures the continuation of appropriate early intervention services until the third birthday for children who are:
      (1) Eligible for services under Part C but not eligible under Part B;
      (2) Eligible for Part B services but whose parents do not consent to placement under Part B and choose to delay transition to a future time before the child reaches age three;
      (3) Age eligible for Part B services but whose parents do not consent to an evaluation.

      The IFSP team ensures that the IFSPs for these children include the identification of possible future placements and strategies for successful transition as a transition step. Unless a family chooses not to pursue alternate future placements, the service coordinator or other designated person is responsible for helping the family locate and access other services as appropriate.

      NOTE: Children and families may not participate in Part C after the child reaches his/her third birthday.

d. The Lead Agency ensures that children under Part C who are age eligible are referred to the local school division for eligibility determination under Part B by completion of the following:
(1) As part of the initial and IFSP periodic review process (i.e., transition is discussed at each IFSP review), parents are informed in writing through the IFSP transition page that the locality intends to notify the school division in which the child resides of the child's name, address, telephone number, and birth date when the child reaches the age of eligibility for special education. This notice contains the date on which the locality intends to send the information to the school division. The information is transmitted by the locality unless the parent indicates in writing on the IFSP transition page that they do not want the information transmitted.
(2) With parent permission, the locality transmits to the appropriate school division in which the child resides child-specific information (e.g. current IFSP, recent evaluation findings, and other pertinent records) no later than April 1 of a given year (in accordance with the state level memorandum of agreement with the State Education Agency (SEA)).

NOTE: In accordance with the Regulations Governing Special Education Programs for Children with Disabilities in Virginia, referrals for children who may be eligible for preschool (Part B) programs may be made at any time during the calendar year. Therefore, parents of children who are referred to the Part C early intervention system after the April 1st date and who will reach the age of eligibility for special education services the following school year, are informed of the availability of public school services as well as Part C services until the child enters school or reaches the age of three. Families are also informed of the timelines required for the public school to determine eligibility and initiate placement. In order to ensure that children found eligible for special education can begin school as close to the beginning of the school year as possible, steps 1 and 2 above are completed as soon as possible.

For families choosing to delay transition to Part B, local LEAs and/or IEUs are provided six-months advance notice of the date the child will be entering school services, such date not to occur after the child's third birthday.

e. *With the family's approval, a conference between the family and the LEA/IEU at least 90 days (and at the discretion of all such parties, up to 6 months) before the child's third birthday, or if earlier, the date on which the child is eligible for the preschool program under Part B of the Act in accordance with State law is convened. In the case of a child who* is *not eligible for preschool services under IDEA-Part B, with approval of the family, reasonable efforts* are made *to convene a conference* with *the family and providers of other appropriate services for children.* The purpose of this meeting is to:
(1) Discuss appropriate services that the child may receive;
(2) *Review the child's program options for the period from the date of eligibility for Part B services through the remainder of the year*; and
(3) *Establish* and implement *a transition plan*.

(34 CFR 303.148))

f. *With parental consent, the transmission of information about the child to the local education agency, to ensure continuity of services, including evaluation and assessment information required in § 303.322, and copies of IFSPs that have been developed and implemented in accordance with §§ 303.340 - 303.346* is completed.

(34 CFR 303.344(h)(2)(iii))

g. The Lead Agency ensures that parents are provided information regarding possible future placements, transition service options and other matters related to the child's transition. This information is provided in the parents' native language. Activities of the service coordinator include facilitating the development of a transition plan to preschool services, other services, or to no further services, as appropriate.

2. PROCEDURES
   a. LICCs develop and implement policies and procedures (including mechanisms) that are consistent with state-level policies and procedures for transition between the sending and receiving program as the child enters or exits the early intervention system.
   b. LICCs develop and implement policies and procedures (including mechanisms) to ensure that a service coordinator is assigned upon receipt of a referral of a child/family currently receiving early intervention services who is moving from one council area to another within Virginia or from another state.
   c. If a family moves from one local council area to another within Virginia, or to another state, with parent permission, the service coordinator is responsible for referring the family to the receiving council/state and providing evaluation and assessment information, IFSPs, and other pertinent information in order to ensure continuity of services. For children moving within Virginia, services identified on the current IFSP remain in effect until the receiving community can convene an IFSP team and conduct an IFSP meeting, if necessary.
   d. For children with a completed IFSP moving to Virginia from another state, the temporary service coordinator is responsible for convening a multidisciplinary/interdisciplinary/ transdisciplinary evaluation team to determine if the child is eligible in Virginia. Eligibility determination from the existing IFSP record should be used, as appropriate.
   e. Upon referral to early intervention services, the temporary service coordinator is responsible for providing information to the child's family on Virginia's system of services for children with disabilities birth to age five and their families. This information must include the Virginia mandate for the provision of special education (Part B) services for children with disabilities who turn two prior to September 30 of a school year.
   f. The temporary service coordinator is responsible for ensuring that transition planning begins with the development of the initial IFSP.
   g. For children potentially eligible for Part B services, LICCs develop and implement policies and procedures (including mechanisms) for notifying parents of the local Part C system's intent to share with the appropriate local school division the name, address, telephone number, and birth date of those children who will reach the age of eligibility for Part B special education services and procedures for sharing such information unless the parent disagrees. In order to facilitate a smooth transition and continuity of services for each child and family, the service coordinator or other designated person is responsible for transmitting, with parental permission, child-specific information (e.g. current IFSP, recent evaluation findings, and other pertinent records) to the appropriate school division in which the child resides no later than April 1 in a given year or at least 6 months prior to the child's third birthday. For children who are referred to Part C after the April 1st deadline and who will reach the age of eligibility for special education at the beginning of the following school year, the service coordinator or other designated person is responsible for informing the family of services available through the public schools and sharing identifying information, and with parental permission, child-specific information to the LEA as soon as possible following referral to Part C.
   h. The service coordinator is responsible for obtaining parental permission through use of the written prior notice and consent forms to convene a conference between the sending Part C providers, the family, and the LEA that occurs at least 90 days prior to the child's

eligibility under Part B (age 2 on or before September 30) or to the first day of the school year, whichever date comes first.

i. LICCs are responsible through interagency agreements and local policies and procedures for identifying who will be responsible for carrying out transition conferences.

j. The service coordinator is responsible for ensuring that the family is included in any transition planning conference and that the family is supported in identifying the steps to be taken to support the transition process.

NOTE: The required statewide IFSP form has a specific Transition Planning page that allows for specific transition plans and activities for each child and family. The degree of specificity in these transition steps depends on several factors that may include, but are not limited to (1) the child's age; (2) the family's stated desire or perceived readiness for transition information; and (3) the complexity of the upcoming transition in terms of necessity for change or accommodation in child and family routine. The service coordinator is responsible for providing to the parents written information of the timelines for the Part B special education eligibility process in sufficient time to ensure that parents will have time to give approval for release of records and the process be completed before the opening of the school year or whatever subsequent date chosen for Part B services to begin, up until the child's third birthday. Documentation of notification must be placed in the child's record. The transition page also documents the locality's intention to transmit directory information on a particular child and the parent's opportunity to disagree with that action.

k. The service coordinator ensures that during this transition conference:
   (1) The child's program options from the time of eligibility for Part B through the remainder of the school year are reviewed; and
   (2) A transition plan is established that identifies the:
      (a) Steps to complete transition;
      (b) Needs of families to participate in transition;
      (c) Responsibilities of LEAs and sending agencies in relation to the:
         i) Exchange and review of records, evaluation reports and other information;
         ii) Determination and provision of additional evaluations needed to determine eligibility;
         iii) Sharing of information with the family at each step of the transition process;
         iv) Support of the family as needed throughout transition; and
         v) Changes in the new environment to ease the child's and family's transition.

l. The child who is age two, on or before September 30, is eligible to continue to receive appropriate early intervention services until the child's third birthday, or until the child is determined not to be in need of early intervention services, if any of the following situations apply:
   (1) The child is eligible for Part B services, but the parents do not consent to placement under Part B, and choose to delay transition to a future time prior to the child's third birthday;
   (2) The child is age-eligible for Part B services, but the parents do not consent to an evaluation to determine eligibility for Part B services; or
   (3) The child is found not eligible for Part B services.

m. The service coordinator or other designated person is responsible for planning transition with the family. The service coordinator assists the family in the investigation of a range of alternative placements, for either;
   (1) The child who is not eligible for Part B services and who continues with Part C services until the third birthday; or for

(2) the child who is no longer eligible for Part C services prior to the third birthday.

Alternative placements to consider include;
(1) Head Start;
(2) Integrated nursery school; or
(3) Other early education or family support programs

n. In the case of a child who may not be eligible for such preschool services, the service coordinator, with parental consent, makes reasonable efforts to convene a conference among the service coordinator, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services that the child may receive.

o. For children who are age-eligible for transition because they are two on or before September 30, but whose families choose to delay transition until later in the school year, the service coordinator or other designated person is responsible for using the written prior notice and consent forms to initiate a transition planning conference to identify the appropriate activities to ensure a smooth and timely transition.

p. The service coordinator in conjunction with the sending program is responsible for ensuring that each child and family are offered individualized transition services. With the consent of the parent(s), such transition services can include, but are not limited to:
(1) Referral and timely transfer and exchange of records and other information;
(2) Preparation of the child for the new environment;
(3) Transition information, training, and support for the family; and
(4) Changes in the new environment to ease the child's or family's transition.

q. With parental consent, the service coordinator is responsible for facilitating inclusion of representatives of the receiving program as specified in local interagency agreements and policies and procedures on the child's IFSP team, thus forming an expanded IFSP team, prior to the transitioning from local participating agencies to those services offered by the local education agency or other agencies.

r. The expanded IFSP team is responsible for ensuring smooth and timely transitions for individual children and families.

s. LICCs develop and implement policies and procedures (including mechanisms) to ensure that documentation exists specifying that parents have been notified of all their rights related to transition, including the process and timelines necessary for referral to the Part B system.

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VIII. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD)

A. POLICIES

1. The Lead Agency (DMHMRSAS) *ensures that a Part C CSPD has been established in accordance with the following provisions*:
   a. *Be consistent with the comprehensive system of personnel development required under Part B of the act (34 CFR 300.380 through 300.382)*;
   b. *Provide for preservice and inservice training to be conducted on an interdisciplinary basis to the extent appropriate*;
   c. *Provide for the training of a variety of personnel needed to meet the requirements of* Part C, *including public and private providers, primary referral sources, paraprofessionals* and assistants, *and persons who will serve as service coordinators*; *and*
   d. Ensure that the *training provided relates specifically to*:
      (1) *Understanding the basic components of early intervention services available in Virginia*;
      (2) *Meeting the interrelated social or emotional, health, developmental, and educational needs of eligible children under* Part C;
      (3) *Assisting families in enhancing* the *development of their children and in participating fully in the development and implementation of IFSPs*; and

      (34 CFR 303.360)
      (4) Increasing competencies in the areas of family-centered practice, team functioning, and interagency collaboration.

2. The Lead Agency ensures that the CSPD *under this part includes*:
   a. *Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers*;
   b. *Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under* Part C;
   c. *Training personnel to work in rural and inner-city areas*; *and*
   d. *Training personnel to coordinate transition services for infants and toddlers with disabilities from an early intervention program under this part to a preschool program under Part B of the Act or to other preschool or other appropriate services*.

   (34 CFR 303.360(c))

3. The Lead Agency, with the advice and assistance of the Personnel Training and Development Committee of the VICC, oversees the functions described in this CSPD including:
   a. Developing and updating the model of Indicators of Recommended Practice and guidelines for training;
   b. Updating personnel standards;
   c. Establishing a personnel data system; and
   d. Identifying strategies and materials to enhance training and efforts to recruit and retain personnel.

4. The Lead Agency ensures that the following definitions of qualified personnel and Indicators of Recommended Practice are met for individuals working with infants and toddlers with developmental disabilities and their families.
   a. The definitions recognized are:

(1) Qualified personnel with professional backgrounds must have acquired the competencies of their professional disciplines. Qualified professionals must adhere to the policies and procedures set forth by regulatory boards and agencies that apply to that profession or discipline. Individuals are constrained by the code of ethics and practice adopted by their professions or disciplines.
(2) Qualified personnel must possess or acquire the specialized infant/toddler/family competencies unique to their discipline.
(3) Qualified personnel must possess or acquire the interdisciplinary skills necessary to function in their roles as service coordinators, team members or in interagency collaboration.
(4) Personnel serving infants, toddlers, and their families participate in the self-assessment process of the Indicators of Recommended Practice. It is expected that professional personnel will acquire the Indicators of Recommended Practice, as well as the specialized infant/toddler/family competencies unique to their discipline in addition to the competencies of their larger professional disciplines.

b. The principles of the Indicators of Recommended Practice fall into five broad categories. (These Indicators are included in Appendix R). They form the basis for actions taken by qualified personnel on behalf of infants/toddlers and families. The common Indicators of Recommended Practice are as follows:
(1) Those that are infant and/or toddler related: Knowledge and skills related to infant/ toddler development, assessment, disabling conditions, and appropriate intervention strategies.
(2) Those that are family-related: Knowledge and skills related to parent-child interaction (including psychological, cultural, environmental factors), and family systems (e.g., life cycle development, resources, family structure, and family dynamics).
(3) Those that are related to service coordination: Knowledge and skills related to service coordination; advocacy; development and implementation of IFSPs; family-centered practice, team functioning, and interagency collaboration; transition; integration; program evaluation and knowledge and skills related to the following components of Part C: procedural safeguards, administrative complaints, and the definition of eligibility.
(4) Those that are related to functioning as an effective member of a service delivery team within an interagency system: Teamwork; group process and conflict resolution; features of service delivery system; roles, functions, and specialized skills of team members according to discipline; promotion of interagency collaboration; and coordination of transition services for infants and toddlers from an early intervention program under Part C to a preschool program under Part B or to other preschool or other appropriate services.
(5) Those that are related to ethnic, cultural, linguistic, and geographic diversity: Knowledge and skills related to responding to difference and how these differences many influence one's own and the family's values and beliefs, communicating respect, and delivering culturally competent services.

B. PROCEDURES

Virginia subscribes to a family-provider partnership model for training. This model offers a variety of resources and opportunities for training that will *assist families in enhancing the development of their children and in participating fully in the development and implementation of IFSPs*.(34 CFR 303

The family-centered principles guiding the development of Virginia's CSPD reflect family-centered training. Training is directly responsive to the stated needs of families in Virginia,

acknowledges the existing expertise of family members themselves as potential trainers, results in innovative approaches to training which enhance family-provider collaboration in Virginia, and is delivered in formats which are appropriate to the diverse group of parents in Virginia. Although diverse opportunities are available, family members have the opportunity to choose their level of participation. Participation or lack of participation does not affect a child's right to receive services.

1. Local interagency coordinating councils (LICCs) develop and implement policies and procedures (including mechanisms) for:
   a. Gathering information from each individual self-study of Indicators of Recommended Practice and using the information to develop local training plans;
   b. Promoting local council members, providers, and parents to participate in state-level as well as local-level training activities as indicated; and
   c. Providing other information as requested by the State for development of Virginia's CSPD.

2. State training is developed based upon feedback from the field regarding training needs as well as needs associated with the development of the Part C system. Training at the local and/or state level includes:
   a. Service Coordination Training;
   b. Interagency training on financial/fiscal issues;
   c. Local training on Procedural Safeguards, including written prior notice and consent;
   d. Physicians training;
   e. Nurses training; and
   f. Training on natural environments, families' activities and routines, and statewide IFSP forms including strategies for:
      (1) Enhancing cost-effectiveness and efficiency;
      (2) Using informal supports;
      (3) Using therapists/professionals as consultants; and
      (4) Fostering family independence and self-reliance.

3. All training provided is culturally sensitive and available to regional, ethnic and linguistic minorities. The Lead Agency provides training in appropriate locations. Because of the wide geographical area of Virginia, training is provided in rural as well as urban areas. The Lead Agency coordinates training activities with the Parent Educational Advocacy Training Center and with existing Department of Education Parent Resource Centers, as well as with other parent networks as appropriate.

   In addition, the Lead Agency works collaboratively with federally-funded training projects in Virginia to address needs, especially projects targeted to primary referral sources to ensure that they are familiar with the basic components of the Part C program in Virginia.

4. The State personnel data system includes three (3) components:
   a. Dissemination and collection of training information
      (1) Information about training opportunities is disseminated in three ways:
         (a) Monthly communications to local council coordinators;
         (b) Inclusion in newsletters targeted to the early intervention community, including parent newsletters; and
         (c) Dissemination through technical assistance provided by the Part C office.
      (2) Mechanisms for collecting information regarding training opportunities and training providers are:

(a) Contacting all universities regarding course offerings and available tuition supports;
(b) Contacting agencies involved in the Part C effort at the state level regarding training opportunities;
(c) Working with providers of training from private agencies;
(d) Coordinating state-level training with that provided by professional organizations.

b. Assessment of Training Needs

In Virginia, identification of training needs is determined and addressed locally. LICCs maintain records relating to identified training needs in accordance with local policies and procedures and State guidelines. Local councils identify their areas of need to the Lead Agency, which then is able to identify regional and statewide priorities.

The training needs of various groups/individuals in Virginia are met through inservice, technical assistance, annual meetings, or specifically designed state, regional, or local training sessions. Information gathered through individuals reporting on the Indicators of Recommended Practice is used to identify group training needs.

c. Analysis of Personnel Supply and Demand

The Part C office is required to identify, on an annual basis, the number of personnel providing early intervention services statewide as well as the number of personnel needed in the future. Regional shortages, especially in rural areas as well as in particular disciplines, are documented. Local providers will be surveyed annually. Information on cultural diversity of providers is collected periodically.

5. The Lead Agency coordinates inservice training efforts with preparation of qualified personnel at the preservice level in the following ways:
   a. Coordination of Early Childhood Special Education

   The Institutions of Higher Education Council for the Early Education of Children with Disabilities (IHE) is an organization which addresses preservice training issues among institutions which offer a program in early childhood special education. Part C staff are members of the IHE.

   b. Coordination of Other Disciplines

   Involving institutions of higher education which have training programs in disciplines other than early childhood special education will be accomplished through:

   (1) Identifying those institutions with help from the State Council on Higher Education in Virginia and the Advisory Board on Teacher Education and Licensure; and
   (2) Inviting participation of various institutions of higher education to work with the task force of the Joint Legislative Subcommittee Studying Early Intervention for Infants and Toddlers with Disabilities to address personnel shortage issues.

6. The Lead Agency implements an inservice training model that includes the following steps:
   a. Methods of Identifying Local Training and Technical Assistance Needs

The LICC members are responsible for identifying their training needs and resources. To facilitate the LICCs addressing of the identified needs, the training needs are reviewed at the state level.

b. Options for Meeting Training and Technical Assistance Needs

The model for meeting training and technical assistance needs is designed to meet individual council needs and priorities. Councils have several resources available to meet their needs: Training and Technical Assistance Centers; interagency technical assistance providers, including the Part C Office Technical Assistance Consultants, professional organizations, and the resources of federal training projects. This model affords local providers a choice in selecting the most appropriate resource to address a training and technical assistance need. The following section describes the types of assistance available from each of the technical assistance providers:

(1) Interagency Technical Assistance: Technical assistance is provided by State agencies involved in Part C to their local agency counterparts regarding roles and functions of their agency in relation to Part C.
(2) Part C Office Technical Assistance: Technical assistance from the Part C office is available to local councils/local providers and includes:
    (a) Provision of up-to-date systems information from the State;
    (b) Clarification of the Part C policies and procedures and their implementation in each locality; and
    (c) Strategies for doing business in new ways, with emphasis on:
        i) Quality, efficiency, accountability, and cost-effectiveness of services;
        ii) Promoting the use of informal community supports that foster family independence and self-reliance; and
        iii) Using therapists as consultants.
(3) Department of Education Training and Technical Assistance Centers: Regional Training and Technical Assistance Centers, funded through the Virginia Department of Education, are available to provide assistance to local early intervention service providers. The general types of assistance provided may include:
    (a) Sharing materials and resources with providers, including quarterly newsletters; and
    (b) Planning and conducting workshops on topical issues.

c. Coordination of Efforts with Professional Organizations

Training activities are coordinated with professional organizations. Information about Part C is disseminated to various organizations, and presentations are made at conferences.

d. Coordination of Training Opportunities Provided by Federal Training Projects

There are many federal projects providing preservice and inservice training and technical assistance in Virginia. Pertinent project materials and information about training events to be conducted in the state are shared in the following ways:

(1) Maintaining information on federal projects in Virginia providing early intervention training; and
(2) Contacting the Virginia Institute for Developmental Disabilities (a University Affiliated Program - UAP) about projects that are taking place in the state.

e. Efforts to Recruit and Retain Personnel

Tuition assistance is available through the Part C Lead Agency for those pursuing highest standards at an accredited university or community college in Virginia.

f. Development of Specific Instructional Materials to Support Training Areas

The training system may require specific instructional materials geared to the needs of early intervention personnel in Virginia. The steps used in developing such materials include:

(1) Collecting existing materials;
(2) Coordinating with other agencies which may possess appropriate instructional materials;
(3) Identifying areas of need for developing new materials; and
(4) Using the statewide RFP process for contracting for the development of new materials and for conducting training when necessary.

IX. PERSONNEL STANDARDS

A. POLICIES

1. The Lead Agency (DMHMRSAS) ensures that Virginia's Personnel Standards *include* policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out Part C are appropriately and adequately prepared and trained.
   a. *"Appropriate professional requirements* in Virginia" *means entry-level requirements that*:
      (1) *Are based on the highest requirement* in Virginia *applicable to the profession or discipline in which a person provides early intervention services*; *and*
      (2) *Establish suitable qualifications for personnel providing early intervention services under* Part C *to eligible children and their families who are served by State, local and private agencies*. (34 CFR 303.361(a)(1))
      (3) *"Highest requirements in the State applicable to a specific profession or discipline" means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline*.(34 CFR 303.361 (a)(2))
   b. *"Profession" or "discipline"* as discussed below, *means a specific occupational category that*:
      (1) *Provides early intervention services to eligible children under Part C and their families*;
      (2) *Has been established or designated by the* Commonwealth of Virginia; *and*
      (3) *Has a required scope of responsibilities and degree of supervision*.
      (34 CFR 303.361(a)(3))
   c. *"State-approved or recognized certification, licensing, registration or other comparable requirements" means the requirement that the* Virginia *legislature has enacted or authorized a state agency to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in* Virginia.
      (34 CFR 303.361(a)(4))
   d. *In identifying the "highest requirements in the State" for purposes of this section, the requirements of all* Virginia *statutes and the rules of all State agencies applicable to serving children eligible under* Part C *and their families must be considered*.
      (34 CFR 303.361(e))
   e. *A State may allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, to assist in the provision of early intervention services to eligible children under* Part C.
      (34 CFR 303.361(f))

2. *In implementing this section, a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to eligible children, including, in a geographic area of the State where there is a shortage of personnel that meet these qualifications, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in paragraph (b)(2) of this section, consistent with State law, within three years*.(34 CFR 303.361(g))

3. The Lead Agency ensures that the highest requirements noted in this section under "Part C Personnel Standards" are the highest entry-level academic degree standards needed for State approved or recognized certification, licensing, registration or other comparable requirements that apply to the area in which such personnel are providing early intervention services. The list includes the professions or disciplines identified in the federal regulations as qualified personnel plus other qualified personnel not specified in the federal regulations but working in early intervention in Virginia.

4. The Lead Agency ensures that the following standards have been *established and will be maintained to ensure that personnel necessary* to carry out the purposes of Part C *are appropriately and adequately prepared and trained*. These standards are consistent with existing Virginia *approved or recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline in which a person is providing early intervention services. Timelines for retraining or hiring personnel that meet* Virginia's *requirements* are also noted below. (34 CFR 303.361(b)-(c))

5. All personnel serving children with disabilities and meeting a highest standard through licensure, certification, registration, or other comparable requirement will participate in the self-assessment of Indicators of Recommended Practice in accordance with steps outlined below under B (Procedures) # 3. Personnel must participate in two (2) training activities each year based on individual need.

6. The Lead Agency ensures that personnel not licensed, certified, registered, or meeting other comparable requirements who were employed to provide early intervention services prior to September 1993 are classified as Early Intervention Generalists and must pursue discipline-specific training necessary for credentialing within one of the disciplines identified on the listing of highest standards requirements. The Early Intervention Generalist discipline is a measure that will only be in place until the year 2002.

B. PROCEDURES

1. Personnel who serve children with disabilities in Virginia must meet one of the highest standards, according to the Part C Personnel Standards Table.

2. A person who is employed as an "early intervention assistant", as identified on the Part C Personnel Standards Table, may be employed as an "early intervention assistant" under provisionary status, for a period of up to eighteen (18) months, while completing the application process to seek approval of his or her qualifications by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. The "early intervention assistant" is a qualified provider of paraprofessional status who is appropriately trained and supervised, and who has met the recognized competencies, having the necessary knowledge, skills and abilities to be an early intervention provider. The "early intervention assistant" is described further in Appendix R.

3. A person may, according to 34 CFR 303.361(g), be employed to serve children with disabilities, but because of a shortage of personnel that meet the qualifications of the Part C Personnel Standards Table, including geographic areas of the State where there is a shortage of personnel, be hired without, at time of hiring, meeting one of the standards. If the individual is the most qualified applicant available and is making satisfactory progress toward completing applicable course work necessary to meet one of the highest standards within three (3) years, then that individual may be employed as an early intervention service provider.

4. For individuals who are hired and who are working to meet a highest standard as described in 34 CFR 303.361(g), the Lead Agency ensures that the following steps are in place to document existing shortages and steps the individual is taking to complete the necessary work within three (3) years:
   a. Areas of personnel shortage by discipline and by geographic region are identified by personnel information obtained by Part C and Part B; and
   b. The local interagency coordinating council (LICC) will report to the Lead Agency the hiring of the individual at the local level who does not meet a highest standard but who will complete necessary course work to meet one of the standards within three (3) years. On a form supplied by the Lead Agency, the LICC, in conjunction with the individual's employer, identifies the steps the individual will follow to complete necessary course work within three (3) years. The employer will also describe the steps used in the hiring process to determine that the individual hired was the most qualified person available.

5. The Part C Personnel Standards Table identifies the "early intervention generalist", which is the personnel category for persons not licensed, certified, registered, or meeting other comparable requirements, and who were employed to provide early intervention services prior to September 1993. Persons classified as Early Intervention Generalists must pursue discipline-specific training necessary to meet one of the highest standards and complete such training by July 1, 2002.

6. *In identifying the "highest requirements* in Virginia", *requirements of all state statutes and rules of all state agencies applicable to serving children/families* were *considered*. Virginia embarked on several personnel studies to determine the status of personnel involved in early intervention programs. A study of personnel standards was conducted by the Commonwealth Institute for Child and Family Studies, Virginia Treatment Center for Children. The document "Personnel Standards for Early Intervention Teams under P.L. 99-457: A Survey of the Commonwealth of Virginia" (August l989) was prepared for the VICC Personnel Standards Task Force. (34 CFR 303.361)(e)

7. *The information* on the personnel standards for each early intervention professional or discipline listed above is maintained *on file in the Lead Agency and is available to the public*. (34 CFR 303.361(d)(2))

8. The following steps are being taken to bring personnel in Virginia into compliance with the Indicators of Recommended Practice:
   a. The Lead Agency, with the VICC Personnel Training and Development Committee, utilizes a mechanism for documenting participation in the self-assessment of the Indicators of Recommended Practice by personnel providing early intervention services under Part C. Local Interagency Coordinating Councils fully implement policies and procedures to determine mechanisms for obtaining participation in the self-assessment of the Indicators of Recommended Practice by personnel providing early intervention services under Part C. This documentation is completed annually.

      Several vehicles exist for obtaining the interdisciplinary child/family competencies. These include:
      (1) Completion of course work and supervised experience in an appropriate preservice program which provides the child/family core competencies.
      (2) Completion of coordinated inservice training courses and supervised experiences.
      (3) Completion of a combination of inservice and field experiences provided by institutions

of higher education or inservice/technical assistance providers.

b. The Lead Agency annually develops, with advice and assistance from the VICC Personnel Training and Development Committee, a plan to assist all personnel in meeting a highest standard. The plan includes strategies for inservice trainings on a regional and local basis, coordination with institutions of higher education to expand or adapt preservice interdisciplinary training in early intervention competencies, and for offering tuition assistance to personnel pursuing a recognized highest standard.
c. The Lead Agency continues to work closely with the Joint Legislative Subcommittee Studying Early Intervention for Infants and Toddlers with Disabilities concerning personnel shortages issues in Virginia. Prioritizing and implementing feasible strategies to address personnel shortages is emphasized.

9. The following procedures will be used annually to notify public agencies and/or other participating agencies/providers and personnel of steps being taken to bring personnel into compliance with the highest standard requirements:
   a. Interagency memoranda to appropriate State agency executives;
   b. Notification through the State Council on Higher Education of Virginia (SCHEV) to Institutions of Higher Education;
   c. Memoranda through local interagency coordinating councils to appropriate service agencies; and
   d. Presentations by the Lead Agency to state-level professional organizations.

PART C PERSONNEL STANDARDS

NOTE: The disciplines specified in the federal regulations are underlined.

DISCIPLINE OR PROFESSION	HIGHEST STANDARD
a. Audiologist	Master's plus licensure in Audiology by the Board of Audiology and Speech Pathology.
b. Certified Therapeutic Recreation Therapist	Bachelor's plus certification from the National Council on Therapeutic Recreation Certification (NCTRC).
c. Counselor	
• Licensed Professional Counselor	Master's and licensure by Board of Professional Counselors.
• School Counselor	Master's plus licensure as a school counselor from the Virginia Department of Education.
d. Early Childhood Special Educator (termed Special Educator in federal regulations)	Bachelor's plus licensure in special education early childhood (birth-5) from the Virginia Department of Education.
e. Educator	Bachelor's plus licensure early/primary education pre-K-3 from the Virginia Department of Education. Bachelor's plus licensure in Work and Family Studies from the Virginia Department of Education. Technical Professional License in Work and Family Studies from the Virginia Department of Education.
f. Early Intervention Assistant	Approval of qualifications from the Department of Mental Health, Mental Retardation and Substance Abuse Services.
g. Early Intervention Generalist	Person employed in Virginia's Part C system prior to September 1993 who does not meet another highest standard listed in this section. This is a temporary measure to enable continued employment of these experienced individuals until July 1, 2002. On July 1, 2002, the Early Intervention Generalist must meet one of the highest standards in Virginia.
h. Educational Interpreter	Certificate from Registry of Interpreters for the Deaf of Virginia, Quality Assurance Screening Level III.
i. Educator of the Hearing Impaired	Bachelor's plus licensure in hearing impairment from the Virginia Department of Education.
j. Educator of the Visually Impaired	Bachelor's plus licensure in visual impairment from the Virginia Department of Education.

k. Family and Consumer Science Professional	Bachelor's plus certification through the American Association of Family and Consumer Sciences.
l. Family Therapist (Marriage and Family Therapist)	Marriage and family therapy license by the Board of Professional Counselors, Marriage and Family Therapists, and Substance Abuse Professionals.
m. Nurse	
• Registered Nurse	R.N. plus licensure by the Board of Nursing.
• Nurse Practitioner	R.N. plus licensure by the Board of Nursing plus completion of an approved or accredited program to prepare nurse practitioners, and is licensed as a nurse practitioner by the Boards of Nursing and Medicine.
n. Nutritionist	Bachelor's plus Registered Dietitian by the Commission on Dietetic Registration, American Dietetic Association.
o. Occupational Therapist	Bachelor's plus certification by the Board of Medicine as Registered Occupational Therapist.
p. Occupational Therapy Assistant	Degree from a two-year accredited program plus pass an examination by the National Occupational Therapy Certification Board.
q. Orientation and Mobility Specialist	Bachelor's plus certificate from the Association for the Education and Rehabilitation of Blind and Visually Impaired.
r. Physical Therapist	Bachelor's plus licensure by the Board of Medicine.
s. Physical Therapy Assistant	Two year college-level degree plus licensure by the Board of Medicine.
t. Physician	Doctor of Medicine plus licensure by the Board of Medicine.
u. Psychologist	
• Clinical Psychologist	Doctorate with licensure by the Board of Psychology.
• School Psychologist	Masters in school psychology plus licensure by the Board of Psychology or licensure by the Virginia Department of Education.
• Applied Psychologist	Doctorate in psychology plus licensure by the Board of Psychology.
v. Social Worker	
• Licensed Social Worker	Bachelor's plus licensure by the Board of Social Work;

	entitles one to practice case management and supportive services.
• Registered Social Worker	Bachelor's plus registration by the Board of Social Work; entitles one to practice case management; this one-time registration is no longer available to new personnel.
• Licensed Clinical Social Worker	Master's plus licensure by the Board of Social Work; entitles one to practice independently.
• School Social Worker	Master's plus licensure as school social worker by the Department of Education; enables one to practice as a social worker within local school divisions.
• Visiting Teacher	Master's plus licensure as a visiting teacher by the Department of Education.
w. Speech-Language Pathologist	Master's plus licensure in Speech-Language Pathology by the Board of Audiology and Speech Pathology or licensure with an endorsement in Speech-Language Disorders by the Virginia Board of Education.

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X. PROCEDURAL SAFEGUARDS

The Part C system in Virginia is designed with the intent of maximizing family involvement in each step of the service delivery process. Ensuring that parents maintain a leadership role in services to their child offers the opportunity for parents to be informed about the rights and procedural safeguards which have been established to protect them and their child. Procedural safeguards, as presented in this document, are divided into four primary areas: A - Protection of the Rights of the Child and Parents; B - Impartial Procedures for Resolution of Parent/Provider Disagreements (Individual Child Complaints); C - Confidentiality; and D - Surrogate Parents.

Below is a summary of the general rights which underlie the Part C processes in Virginia and which are presented in the sections which follow. Parents are informed of:

1. the right to a timely, multidisciplinary evaluation and assessment;
2. the right, if eligible under Part C, to appropriate early intervention services for their child and family;
3. the right to refuse evaluations, assessments, and services;
4. the right to receive written prior notice provided in the parents' native language (unless clearly not feasible to do so) before a change is made or refused in the identification, evaluation, or placement of the child, or in the provision of appropriate early intervention services to the child or family;
5. the right to maintenance of the confidentiality of personally identifiable information;
6. the right to inspect, review and, if appropriate, correct records relating to screening, evaluations and assessments, eligibility determination, the development and implementation of the IFSP, individual complaints dealing with the child, and any other area under this part involving records about the child and the child's family;
7. the right to be invited to, and to attend and participate in, all meetings in which a decision is expected to be made regarding a proposal to change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child or family;
8. the right to the timely administrative resolution of complaints;
9. the right to use mediation to resolve complaints;
10. the right to use administrative and judicial processes to resolve family-provider disagreements, individual complaints dealing with the child, and any other areas under Part C involving records about the child and the child's family; and
11. the right to receive services in the child's natural environment unless early intervention cannot be achieved satisfactorily in the natural environment.

A. Protection of the Rights of the Child and Parents

1. POLICIES

a. The *Lead Agency* (DMHMRSAS) has *established* policies and procedures for *procedural safeguards that meet the requirements of* Part C. The Lead Agency *ensures effective implementation of the safeguards by each public agency* and/or other participating agency/provider *that is involved in the provision of early intervention services under* Part C. (34 CFR 303.400(a)-(b))

b. The following definitions apply to this section:
   (1) *"Consent" means that*:
      (a) *The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;*
      (b) *The parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom;*
      (c) *The parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time; and* (34 CFR 303.401(a))
      (d) *The parent has the right to determine whether* he/she, *their child or other family members will accept or decline any early intervention service under this part in accordance with state* policies, *and may decline such a service after first accepting it, without jeopardizing other early intervention services under this part*. (34 CFR 303.405)
   (2) "Native language" *where used with reference to persons of limited English proficiency means the language or mode of communication normally used by the parent of a child eligible under* Part C.
   (3) *"Personally identifiable" means that information includes*:
      (a) *The name of the child, the child's parent, or other family member*;
      (b) *The address of the child*;
      (c) *A personal identifier, such as the child's or parent's social security number; or*
      (d) *A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty*. (34 CFR 303.401(c))

c. The Lead Agency ensures that *in accordance with confidentiality procedures in the regulations under Part B of the Act [§300.560 through 300.576], the parents of a child eligible under* Part C are *afforded the opportunity to examine, inspect and review records related to*:
   (1) *Evaluations and assessments*;
   (2) *Eligibility determination*;
   (3) *Development and implementation of IFSPs*;
   (4) Parent/provider disagreements *(individual complaints) dealing with the child; and*
   (5) *Any other area under* Part C *involving records about the child and the child's family*.

   (34 CFR 303.402)

d. The Lead Agency ensures that *written prior notice must be given to the parents of a child eligible under* Part C *a reasonable time before a public agency* and/or other participating agency/provider *proposes, or refuses, to initiate or change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and the child's family*. (34 CFR 303.403(a))

e. The Lead Agency ensures that the content of *the notice must be in sufficient detail to*

inform the parents about:
(1) *The action proposed or refused*;
(2) *The reasons for taking the action*; *and*
(3) *All procedural safeguards that are available under Sec.303.401-303.460 of this part* (34 CFR 303.403(b))

f. The Lead Agency ensures that the *notice* is:
(1) *Written in language understandable to the general public*; and
(2) *Provided in the native language of the parents, unless it is clearly not feasible to do so*. (34 CFR 3003(c)(1))

g. The Lead Agency ensures that, *if the native language or other mode of communication of the parent is not a written language, the public agency* and/or other participating agency/provider, *or designated service provider*, is responsible for *tak*ing *steps to ensure that*:
(1) *The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication*;
(2) *The parent understands the notice*; and
(3) *There is written evidence that the requirements of this paragraph have been met.* (34 CFR 303.403(c)(2))

h. The Lead Agency ensures that *if a parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, Braille, or oral communication).* (34 CFR 303.403(c)(3))

NOTE: Prior notice information in 34 CFR 303.403 is included in Component VII - Individualized Family Service Plans.

i. The Lead Agency ensures that *written parental consent* is *obtained before*:
(1) *Conducting the initial evaluation and assessment of a child under §303.322*; and
(2) *Initiating the provision of early intervention services*. (34 CFR 303.404(a))

NOTE: Signature on the initial Individualized Family Service Plan (IFSP) meets this requirement.

j. The Lead Agency ensures that *if consent is not given, the* local participating *agency* is responsible for making *reasonable efforts to ensure that the parent*:
(1) *Is fully aware of the nature of the evaluation and assessment or the services that* are *available*; and
(2) *Understands that the child* is *not able to receive the evaluation and assessment or services unless consent is given*. (34 CFR 303.404(b))

k. If consent for initial evaluation is not given, the local participating agency may encourage parents by:
(1) Providing parents relevant literature or other materials;
(2) Offering parents peer counseling to enhance their understanding of the value of early intervention and to allay their concerns about participation in Part C programs; and
(3) Periodically renewing contact with parents to determine if they have changed their minds concerning the desirability of recommended procedures or services.

l. The Lead Agency ensures that if consent is not given for the initial evaluation, the local participating agency *may initiate procedures to challenge a parent's refusal to consent; and, if successful, obtain the evaluation.* The procedures may include impartial due process procedures. (34 CFR 303.404, Note 2)

m. The Lead Agency ensures that *the parent*s *of a child eligible under this part may determine whether they, their child, or other family members will accept or decline*

any early intervention service under this part in accordance with State policies, *and may decline such a service after first accepting it, without jeopardizing other early intervention services under* Part C. (34 CFR 303.405)

2. PROCEDURES

a. Local interagency coordinating councils (LICCs) and local participating agencies develop and implement policies and procedures (including mechanisms) for implementing the safeguards as listed in the policies above.
b. At the point of entry, the temporary service coordinator provides families with an official notice of parent rights and a safeguards notification form in the family's native language unless it is clearly not feasible to do so.
c. The temporary service coordinator is responsible for securing parent consent before the initial evaluation and assessment is conducted.
d. LICCs and local participating agencies develop and implement policies and procedures (including mechanisms) for periodically contacting parents who have not given consent for an initial evaluation to determine if they have changed their minds and to provide literature and offer peer counseling.
e. The service coordinator is responsible for ensuring that families receive written prior notice in the parent's native language, unless clearly not feasible to do so, or other mode of communication before a change is proposed in the identification, evaluation, or placement of the child or the provision of appropriate early intervention services to the child and the child's family.
f. The temporary service coordinator/service coordinator is responsible for ensuring that parents are invited to participate in all meetings in which a decision is expected to be made regarding a proposal to change the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child or family.

B. Impartial Procedures for Resolution of Family-Provider Disagreements (Individual Child Complaints)

1. POLICIES

a. The Lead Agency ensures that impartial *procedures* delineated in this section are followed *for the timely administrative resolution of* parent/provider disagreements *(individual child complaints) concerning any of the matters in §303.403(a)* (A.1.d. above). (34 CFR 303.420)

NOTE: This procedure for the resolution of a family-provider disagreement should not be confused with the administrative complaint procedures under Component XII - Lead Agency Procedures for Resolving Complaints.

b. The Lead Agency ensures that procedures are established and implemented to allow parties involved in an individual child complaint to resolve such disputes through a mediation process. Only parents may request mediation.
c. The Lead Agency ensures that mediation is viewed as *voluntary and freely agreed to by both parties. Mediation may not be used to deny or delay a parent's rights to a due process hearing or to deny any other rights under* Part C. *Mediation is conducted by a qualified and impartial mediator who is trained in effective mediation techniques. Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to the parties to the dispute. Discussions that occur during the mediation process must be*

confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings and the parties to the mediation process are required to sign a confidentiality pledge prior to the commencement of the process. Regardless of whether or not mediation is used, the complaint must be resolved, and a written decision made, within the 30-day timeline in §303.423. (34 CFR 303.419)

NOTE: The Lead Agency maintains lists of qualified hearing officers and mediators.

d. The Lead Agency ensures that hearing officers are impartial, which means that the person appointed to serve as the hearing officer of the due process proceeding to implement the complaint resolution process:
   (1) *Is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child; and*
   (2) *Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.*

   A person who otherwise qualifies under paragraph (2) *of this section is not an employee of an agency solely because the person is paid by the agency to implement the disagreement resolution process.* (34 CFR 303.421(b))

   (3) *The impartial person appointed to implement the* parent/provider disagreement *(complaint resolution) process must have knowledge about the provisions of* Part C, *and the needs of, and services available for, eligible children and their families.*
   (4) Hearing officers perform the following duties:
      (a) *Listen to the presentation of relevant viewpoints about the (complaint)* disagreement, *examine all information relevant to the issues, and seek to reach a timely resolution of the* disagreement; and
      (b) *Provide a record of the proceedings, including a written decision.* (34 CFR 303.421(a))

e. The *Lead Agency ensures that the parent*s *of children eligible under* Part C *are afforded the rights in* (1)-(5) as listed below *in any administrative due process proceedings carried out under §303.420.* This includes the right to:
   (1) *Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under* Part C;
   (2) *Present evidence and confront, cross-examine, and to compel the attendance of witnesses*;
   (3) *Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding*;
   (4) *Obtain a written or electronic verbatim transcription of the proceeding*; *and*
   (5) *Obtain written findings of fact and decisions.* (34 CFR 303.422)

f. The Lead Agency ensures that *any proceeding for implementing the* disagreement *(complaint) resolution process in this subpart must be carried out at a time and place that is reasonably convenient to the parent*s. (34 CFR 303.423(a))

g. *The Lead Agency ensures that not later than 30 days after the receipt of a parent's* disagreement *(complaint), the due process impartial proceeding required under this subpart is completed and a written decision mailed to each of the parties.* (34CFR 303.423)

   If mediation is agreed to by both parties, within 15 days of such agreement the mediation process shall be completed and the agreement, if any, mailed to the parties. Completion means that the mediation session(s) has occurred and that the parties either have or have

not agreed to a written mediation agreement. Extensions of the 15 days may be granted for good cause. Examples of good cause include injury, illness, or natural disaster. If there is a simultaneous request for mediation and a due process hearing, the extension cannot result in a violation of the 30-day timeline for completion of the complaint process.

h. *Any party aggrieved by the findings and decision regarding an administrative complaint has the right to bring a civil action in State or Federal court under section 639(a)(1) of the Act.* (34 CFR 303.424)
i. The Lead Agency ensures that *during the pendency of any proceeding involving a* family-provider disagreement *(complaint), unless the* local participating *agency and parents of a child otherwise agree, the child* and family *continue to receive the appropriate early intervention services currently being provided*.(34 CFR 303.425(a))
j. The Lead Agency ensures that *if the* family-provider disagreement *(complaint) involves an application for initial services, the child* and family *must receive those services that are not in dispute*. (34 CFR 303.425(b))
k. The Lead Agency ensures that if the family-provider disagreement (complaint) involves initial eligibility to receive services under Part C, the child and family do not receive services under Part C until the eligibility question is resolved.

2. PROCEDURES

a. The service coordinator is responsible for ensuring that when disagreement occurs on matters relating to identification, evaluation, or placement of the child or the provision of appropriate early intervention services under Part C for the child and family, the parent of the child is informed, in writing and verbally, of the three options for resolution.
b. Every effort is made to resolve issues using informal decision making. If informal decision making is unsuccessful, parents may choose, by checking a form, or by filing a written request, one of the three options:
   (1) Mediation alone.
   (2) Mediation and a hearing (within 30 days) simultaneously.
   (3) Hearing alone (within 30 days).
c. The request is presented to the Lead Agency. Upon receipt by the Lead Agency of a request for a due process hearing, the 30 day timeline begins. The Lead Agency notifies the local interagency coordinating council about the request. The Lead Agency ensures the appointment of a mediator and/or hearing officer within five (5) days.
d. Mediation parameters include:
   (1) The purpose of mediation is to facilitate the resolution of a family-provider disagreement in an informal, non-adversarial atmosphere. It offers an opportunity to resolve differences either prior to entering or during a hearing process.
   (2) LICCs must establish and implement procedures to appoint a representative to serve on their behalf during mediation.
   (3) Either party may decline the mediation conference. If the local interagency coordinating council declines the mediation, the parents must be informed as soon as possible (within four days) of this decision and the right to pursue a hearing.
   (4) The mediation, including a written mediation agreement reflecting agreements reached by the parties to the dispute, must be completed within 15 calendar days of the receipt by the Lead Agency of notice that both parties have agreed to mediation. If resolution is not reached within 15 days, parents must be again informed in writing of the right to a hearing by the Lead Agency.
   (5) At any time during the mediation process, a request for a due process hearing may be initiated.

(6) The Lead Agency is responsible for arranging and providing training for mediators. The Lead Agency also is responsible for determining qualifications, selection, payment, and responsibilities of mediators.
(7) The Lead Agency is responsible for maintaining a list of impartial mediators.
(8) Mediation may not be used to deny or delay a parent's rights under this part.

e. Due process hearing parameters include:
(1) The Lead Agency arranges for the appointment of an impartial hearing officer within five days following receipt of the request for a hearing by the Lead Agency.
(2) The Lead Agency is responsible for maintaining a list of impartial hearing officers according to the impartial regulations in §303.421.
(3) The Lead Agency is responsible for ensuring that the hearing is conducted according to guidelines established by the Lead Agency.
(4) The Lead Agency is responsible for arranging and providing training for hearing officers. The Lead Agency also is responsible for determining qualifications, selection, payment, and responsibilities of hearing officers.

f. Costs for resolution of parent/provider disagreements by due process hearing are equally shared by the local interagency coordinating council and the Lead Agency. The costs shared include expenses of the hearing officer (i.e., time, travel, secretarial, postal and telephone expenses), expenses incurred by order of the hearing officer (i.e., independent educational evaluations, deposition or transcript), and expenses for making a record of a hearing (i.e., hearing tapes). The Lead Agency is not liable to the local interagency coordinating council for expenses incurred for witnesses (except where hearing or reviewing officers subpoena witnesses on their own initiative) or for attorney's fees. The Lead Agency shall bear the full cost of the mediation process.

g. The Lead Agency is responsible for ensuring that the local participating agency and the parent are contacted to check on the implementation of the mediation resolution or the hearing officer's decision.

C. Confidentiality

1. POLICIES

a. The Lead Agency ensures that all confidentiality regulations are followed by agencies involved in the provision of early intervention services. The *policies and procedures ensure the protection of any personally identifiable information collected, used, or maintained under this part including the right of parents to written notice of and written consent to exchange of this information consistent with Federal and State law.*

(34 CFR 303.460 (a))

b. The policies and procedures *meet the requirements in §§300.560 through 300.576, with the modifications specified in §303.5(b)*:
(1) *Any reference to "State Educational Agency" means the Lead Agency.*
(2) *Any reference to "special education, related services, free appropriate public education, free public education, or education" means "early intervention services" under this part.*
(3) *Any reference to "participating agency," when used in reference to a local education agency, (LEA) or an intermediate education unit means a local service provider.*
(4) *Any reference to §300.128* (Identification, Location and Evaluation of Children with Disabilities) *means §§303.164 and 303.321* (Comprehensive Child Find System).
(5) *Any reference to §300.129* (Confidentiality of Personally Identifiable Information)

means this section (§ 303.460) (Confidentiality of Information).(34 CFR 303.460(b))

c. The following definitions as delineated in §300.560 are used in this section.
   (1) *"Destruction" means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.*
   (2) *"Education records" or "records" means the records covered by Family Education Rights and Privacy Act (FERPA).*
   (3) *"Participating agency" means any agency or institution which collects, maintains, or uses personally identifiable information, or from which information is obtained, under this part. It is a local service agency.*

d. According to §300.561, notice is given which is adequate to fully inform parent(s) *about the requirements under § 300.128 of Subpart B, (child find system) including:*
   (1) *A description of the extent to which the notice is given in the native languages of the various population groups in* Virginia;
   (2) *A description of the children on whom personally identifiable information is maintained, the types of information sought, the methods* Virginia *intends to use in gathering the information (including the sources from whom information is gathered), and the uses to be made of the information;*
   (3) *A summary of the policies and procedures which local service agencies follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information; and*
   (4) *A description of all of the rights of parents and children regarding this information, including the rights under section 438 of the General Education Provisions Act and Part 99 of this title (the Family Educational Rights and Privacy Act of 1974, and implementing regulations).*

e. *Before any major identification, location, or evaluation activity, the notice is published or announced in newspapers or other media, or both, with circulation adequate to notify parents throughout* Virginia *of the activity.*

Note: Notice information in 300.561 is included in Component VI – Child Find

f. In accessing rights, according to §300.562, *each local service agency permits parents to inspect and review any records relating to their children which are collected, maintained, or used by the agency under* Part C. *The agency complies with a request without unnecessary delay and before any meeting regarding an* IFSP *or hearing relating to the identification, evaluation, or placement of a child, or provision of early intervention services and in no case more than 45 days after the request has been made.*
   (1) *The right to inspect and review records includes:*
      (a) *The right to a response from the local service agency to reasonable requests for explanations and interpretations of the record;*
      (b) *The right to request that the agency provide copies of the records containing the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and*
      (c) *The right to have a representative of the parent inspect and review the record.*
   (2) According to §300.562, *an agency may presume that the parent has the authority to inspect and review records relating to his or her child unless the agency has been advised that the parent does not have the authority under applicable* Virginia *law governing such matters as guardianship, separation, and divorce.*

g. According to §300.563, *each local service agency shall keep a record of parties*

obtaining access to education records collected, obtained, or used under this part (except access by parents and authorized employees of the local service agency), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.

h. According to §300.564, *if any record includes information on more than one child, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information.*

i. According to §300.565, *each local service agency shall provide parents on request a list of the types and locations of records collected, maintained, or used by the agency.*

j. According to §300.566, *a local service agency may charge a fee for copies of records which are made for parents under this part if the fee does not effectively prevent the parents from exercising their right to inspect and review those records. A local service agency may not charge a fee to search for or to retrieve information under Part C.*

k. According to §300.567, *a parent who believes that information in records collected, maintained, or used under Part C is inaccurate or misleading or violates the privacy or other rights of the child or family, may request the local service agency which maintains the information to amend the information.*
   (1) *The agency decides whether to amend the information in accordance with the request within a reasonable period of time of receipt of the request.*
   (2) *If the agency decides to refuse to amend the information in accordance with the request, it informs the parent of the refusal and advises the parent of the right to a hearing held under §300.568.*

l. According to §300.568, *the agency, on request, provides an opportunity for a hearing to challenge information in education records to insure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.*

m. According to §300.569, *if, as a result of the hearing, the local service agency decides that the information is inaccurate, misleading or otherwise in violation of the privacy or other rights of the child, it amends the information accordingly and so informs the parent in writing.*
   (1) *If, as a result of the hearing, the agency decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy (or) other rights of the child, it informs the parent of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.*
   (2) *Any explanation placed in the records of the child under this section must:*
      (a) *Be maintained by the agency as part of the records of the child as long as the record or contested portion is maintained by the agency; and*
      (b) *If the records of the child or the contested portion is disclosed by the agency to any party, the explanation must also be disclosed to the party.*

n. According to §300.570, *a hearing held under §300.568 of this subpart must be conducted according to the procedures under §99.22 of Family Education Rights & Privacy Act (FERPA) (34 CFR Part 99).*

o. According to §300.571, *the following consent regulations are followed:*
   (1) *Parental consent must be obtained before personally identifiable information is:*
      (a) *Disclosed to anyone other than officials of local service agencies collecting or using information under* Part C, *subject to paragraph (b) of this section; or*
      (b) *Used for any purpose other than meeting a requirement under Part C.*

(2) *An agency subject to Part 99 of this title* does *not release information from records to local service agencies without parental consent unless authorized to do so under FERPA Part 99.31.*
(3) The following *policies and procedures are used in the event that a parent refuses to provide consent under this section.* If consent is not given, the public agency and/or other participating agency/provider may encourage parents by:
(a) Providing parents relevant literature or other materials;
(b) Offering parents peer counseling to enhance their understanding of the value of early intervention and to allay their concerns about participation in Part C programs; and
(c) Periodically renewing contact with parents, on an established time schedule, to determine if they have changed their minds concerning the desirability of recommended procedures or services.

In the event that a parent refuses to provide consent and the agency decides that the sharing of information is essential, the agency may initiate due process proceedings for resolving the family-provider disagreement.

p. According to §§300.572 and 300.573:
(1) *Each local service agency protects the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages*;
(2) *One official of each local service agency assumes responsibility for insuring the confidentiality of any personally identifiable information*;
(3) *All persons collecting or using personally identifiable information receive training or instruction regarding* Virginia's *policies and procedures under 300.129 of Subpart B and Part 99*;
(4) *Each local service agency maintains, for public inspection, a current listing of the names and positions of those employees within the agency who may have access to personally identifiable information*;
(5) *The public agency* and/or other participating agency/provider *informs parents when personally identifiable information collected, maintained, or used under this part is no longer needed to provide services to the child*; and
(6) *The information is destroyed, at the request of the parents. (Permanent records of child's name, address, phone number, and time period in which they received services may be maintained).*
q. According to §300.574, the Lead Agency through these policies and procedures, considers *the extent to which children are afforded rights of privacy similar to those afforded to parents, taking into consideration the age of the child and type or severity of disability.*
r. According to §300.575, the Lead Agency ensures that the following procedures *for monitoring are used to insure that its policies and procedures are followed and that the requirements of the Act and the Part C regulations in this part are met.*
(1) Regular monitoring through existing processes continues to occur.
(2) Complaints, disagreements, or concerns are followed up and appropriate actions (including sanctions) are taken.
(3) Technical assistance is provided to agencies, organizations and providers requesting assistance or clarification.
(4) Plans to correct deficiencies that are identified through monitoring and technical assistance are developed.
(5) If deficiencies are not corrected through these above listed procedures, sanctions which may include withdrawal of funds and provision of services through other

means, are imposed by the state agency heads.

s. According to §300.576, *if the U.S. Department of Education or its authorized representatives collects any personally identifiable information regarding children eligible under this part which is not subject to the Privacy Act of 1974, the U.S. Secretary of Education shall apply the requirements of the Statute (5 USC section 552A) and the regulations implementing those provisions.*

2. PROCEDURES

a. LICCs develop and implement policies and procedures (including mechanisms) to protect personally identifiable information collected, used, or maintained under Part C according to the policy statements in section C.1. above.

b. The temporary service coordinator is responsible for ensuring that parents receive a written official notice at the point of entry of parent rights and safeguards, including policies and procedures related to storage, disclosure to third parties, retention, and destruction of personally identifiable information.

c. The temporary service coordinator/service coordinator and local service providers are responsible for ensuring that no personally identifiable information is disclosed to anyone other than officials of local service agencies or used for any purpose other than meeting a requirement under Part C.

d. Each local service agency is responsible for:
   (1) Identifying one individual to assume responsibility for ensuring the confidentiality of any personally identifiable information;
   (2) Establishing a procedure for parents or a representative of the parent to inspect and review the child's record;
   (3) Maintaining a record of persons obtaining access to the child's records;
   (4) Establishing a procedure for responding to a parent request to amend information considered to be inaccurate or misleading or which violates the privacy or other rights of the child or family; and
   (5) Not charging a fee for copies of records if the fee would effectively prevent the parents from exercising their right to inspect and review those records.

D. Surrogate Parents

1. POLICIES

a. The Lead Agency ensures *that the rights of children eligible under* Part C *are protected if*:
   (1) *No parent as defined in Sec.303.19 can be identified*;
   (2) The *public agency* and/or other participating agency/provider, *after reasonable efforts, cannot determine the whereabouts of a parent; or*
   (34 CFR 303.406(a)(1)&(2))
   (3) Legal custody of the child and all parental rights and responsibilities for the care and custody of the child have been terminated by Court order or permanent entrustment agreement pursuant to applicable law.
   (4) *The child is a ward of* Virginia under the laws of the Commonwealth.
   (34 CFR 303.406(a)(3))
   NOTE: Wards of Virginia are children for whom parental rights have been terminated by the court or whose parents have permanently entrusted them to a local department of social services.

NOTE: Children who are suspected of being or are determined to be eligible under this part do not require a surrogate parent if someone is acting in the place of a parent. *The term "parent" has been defined to be a natural or adoptive parent of a child, a guardian, a person acting as a parent (such as a grandparent or step-parent with whom the child lives, or a person who is legally responsible for the child's welfare); or a surrogate parent who has been assigned in accordance with §303.406. Unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the Act if; a) the natural parent(s)' authority to make the decisions required of parents under the Act has been extinguished under State law; and b) the foster parent has an ongoing, long-term relationship with the child; is willing to make the decisions required of parents under the Act; has no interest that would conflict with the interests of the child.*

(34 CFR 303.19(a)(b))

Persons acting in place of the parent may do so with the permission of the parent.

b. The *Lead Agency* accepts as its *duty* ensuring that *an individual is assigned to act as a surrogate for the parent* according to the procedures that follow. The procedures *include a method for determining whether a child needs a surrogate parent and assigning a surrogate to the child*. (34 CFR 303.406(b))

c. The Lead Agency ensures that the following *criteria* are employed when *selecting surrogates*.
   (1) *Surrogate parents* are *selected in ways permitted by* Virginia *law.*
   (2) *A person selected as a surrogate*:
      (a) *Has no interest that conflicts with the interest of the child he or she represents*;
      (b) *Has knowledge and skills that ensure adequate representation of the child*;
      (c) Shall not be an employee of the State Lead Agency, or other State agency, and shall not be any person, or any employee of a person, providing early intervention services to the child or any family member of the child. *A person who otherwise qualifies to be a surrogate parent under this section is not an employee solely because he or she is paid by a public agency* and/or other participating agency/provider *to serve as a surrogate parent*; and (34 CFR 303.406(c)&(d))
      (d) Resides in the same general geographic area as the child, whenever possible.

d. The Lead Agency ensures that *a surrogate parent may represent the child in all matters relating to*:
   (1) *The evaluation and assessment of the child*;
   (2) *Development and implementation of the child's IFSPs, including annual evaluations and periodic reviews*;
   (3) *The ongoing provision of early intervention services to the child*; *and*
   (4) *Any other rights established under this part*. (34 CFR 303.406(e))

2. PROCEDURES

a. LICCs have developed procedures or have coordinated efforts with their respective local education agencies to meet the policies listed above for determining whether a child needs a surrogate parent and assigning a surrogate parent to the child. The local councils determine mechanisms to:
   (1) Appoint a surrogate parent;
   (2) The appointment having been effected, notify in writing:

(a) The surrogate parent-appointee;
(b) The person charged with responsibility for the child;
(c) The public agency and/or other participating agency/provider charged with responsibility for the child when the child is a ward of Virginia; and
(d) The Lead Agency.

(3) Renew or not renew the appointment of a surrogate parent.

b. LICCs have developed procedures or have coordinated efforts with respective local education agencies to establish and maintain a list of individuals within their jurisdiction who are qualified to serve as surrogate parents. It may be necessary for local councils to go beyond jurisdictional limits in generating a list of potentially qualified surrogate parents. It should be noted, however, that geographic proximity is essential to the surrogate parent/child relationship.

NOTE: Individuals who are not on the list may be eligible to serve as surrogate parents, subject to the LICC's discretion. In such situations, the needs of the individual child and the availability of qualified persons who are familiar with the child and who would otherwise qualify are considered in determination of surrogate eligibility. Other factors which warrant attention are as follows:

(1) Consideration of the appointment of a relative to serve as surrogate parent;
(2) Consideration of the appointment of a temporary foster parent, as long as the temporary foster parent has no interests that conflict with the interests of the child, and who has the knowledge and skills to represent the child adequately, and who has received the required training;
(3) Consideration of the appointment of a qualified person of the same racial, cultural, and linguistic background as the child who is suspected of having or has been identified as having a disability.

c. LICCs have established procedures or have coordinated efforts with respective local education agencies which include conditions and methods for changing or terminating the assignment of a surrogate parent before his appointment has expired. The assignment of a surrogate parent may be terminated when one or more of the following circumstances occurs:

(1) The child is found no longer eligible for services (except when termination of services is being contested);
(2) Legal guardianship of the child is transferred to a person who is able to carry out the role of the parent;
(3) A parent, who was previously unknown or unavailable, is now known or available; or
(4) The appointed surrogate parent is no longer eligible (see "Qualifications for Surrogate Parent").

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XI. SUPERVISION, MONITORING AND EVALUATION OF PROGRAMS

A. POLICY

The Lead Agency (DMHMRSAS):

1. Is *responsible for the general administration and supervision of programs and activities receiving assistance under* Part C, *and monitoring* and evaluating *programs and activities used to carry out* Part C in Virginia*, whether or not the programs and activities are receiving assistance under* Part C, and ensures that the State complies with Part C.
2. Has *adopt*ed *and uses proper methods of administering each program* within Virginia *including*:
   a. *Monitoring of agencies, institutions, and organizations used by* Virginia *to carry out Part* C;
   b. Enforcement of *any obligations imposed on those agencies under Part C of the Act and these regulations;*
   c. *Providing technical assistance, if necessary, to those agencies, institutions, and organizations*;
   d. Correction of *deficiencies that are identified through monitoring*; and

   (34 CFR 303.501)
   e. Ensuring that the data gathered during monitoring will be used to effect local continuous improvements in the local provision of services.

B. PROCEDURES

The Lead Agency, with assistance from the VICC and other State agencies involved in Part C implementation, utilizes a variety of mechanisms for supervision, monitoring and evaluation of programs and activities under Part C. Mechanisms include those developed and implemented by/for participating State agencies to supervise their local counterparts, as well as mechanisms developed and implemented by/for the Lead Agency specifically for the Part C early intervention system.

1. Supervision, Monitoring and Evaluation Through Participating Agency Mechanisms

   Through mechanisms developed and implemented by/for participating State agencies for supervision, monitoring, and evaluation, the Part C system ensures compliance and accountability of programs operated by local counterparts and any contractual services. The following state agency mechanisms are included as part of Virginia's Part C system of supervision, monitoring, and evaluation:

   a. The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) provides a comprehensive system of services to adults and children through 40 Community Services Boards. It is the policy of the DMHMRSAS to have each Community Services Board submit a performance contract (included in Appendix Z) annually for access to State and local funds administered by DMHMRSAS. All programs administered by the respective community services board are included in the contract, with a specific reporting section for early intervention programs. Projections of numbers of persons to be served and numbers of direct service units to be provided, as well as demographic information, are included in the contract. The portion of the contract dealing with early intervention is reviewed by Lead Agency personnel. Community Services Boards submit year-end reports that reflect actual data. Actual service data are

compared to the performance projections in the contract. Fiscal information is also included in the contract. Projections are submitted at the time of the initial performance contract. Quarterly performance reports submitted trigger the funding flow from the State to the locality. Year-end actual expenditures and revenues are reported at the conclusion of the fiscal year.

b. The Department of Education monitors and evaluates the services provided through local school divisions through a process that includes a review of areas that overlap with the Part C program, such as provisions for child find, confidentiality, transition and service provision.
c. The Department of Social Services and the Department for the Blind and Vision Impaired also monitor and evaluate services, including those that overlap with Part C, which are administered by their local counterparts.
d. Approximately 21 of the 45 early intervention programs in Virginia and a number of the other public and private agencies that provide Part C early intervention services are certified to receive Medicaid reimbursement for services. These programs undergo a review by the Division of Licensure and Certification of the Virginia Department of Health, addressing Medicare/Medicaid requirements and/or conditions of participation. Occupational therapy, physical therapy and speech-language pathology services are some of the services covered by this review. All early intervention programs are encouraged to become Medicaid certified.

2. Supervision, Monitoring and Evaluation Through Lead Agency Mechanisms Developed and Implemented Specifically for Virginia's Part C Early Intervention System

Through mechanisms developed and implemented by/for the Lead Agency (with assistance from the VICC and the other State agencies involved in Part C) for supervision, monitoring, and evaluation, the Part C system further ensures compliance and accountability of local interagency coordinating councils (LICCs). The following Lead Agency mechanisms are included as part of Virginia's Part C system of supervision, monitoring, and evaluation:

a. Contract for Continuing Participation in Part C Early Intervention for Infants and Toddlers with Disabilities and Their Families–

LICCs through the local fiscal agent/intermediary submit annual contracts for continuing participation in the Part C program. Each contract packet includes a scope of work, specified deliverables, budget information detailing how funds will be used to meet requirements and local needs, and information about local participating agencies/providers. Contracts also include both fiscal and programmatic assurances as well as terms and conditions of the award with applicable signatures. Federally-required personnel information is also collected via the contract process. In May of each year (beginning 1999), LICCs are required to submit a narrative description of the progress made and obstacles encountered in implementing Part C at the local level for the previous 12-month period.

Each LICC has in place local policies and procedures that correspond with State Part C policies and procedures. LICCs are required to annually review and revise their local policies and procedures, to document the review and revision process(es), and to submit changes to local policies and procedures to the Lead Agency for review.

b. Expenditure Reporting–

LICC expenditures of Part C funds are monitored through quarterly Part C expenditure reports which are submitted by each local fiscal agent/intermediary to the Lead Agency at the end of the first, second, third, and fourth quarters. Each local council must also submit a year-end final expenditure report.

c. Monitoring Improvement Measurement System–
   (1) The LICC system of supervision, monitoring and evaluation:
      (a) Involves gathering relevant and accurate data on the seventeen components of Virginia's Part C early intervention service delivery system;
      (b) Includes provisions for developing a plan of improvement that corresponds to local- or state-level program weaknesses or areas that are not consistent with Virginia's Policies and Procedures; and
      (c) Consists of a self-study data gathering process followed by the development of a local improvement plan followed by an on-site visit by a state review team.
   (2) Every LICC is required to participate fully in the entire Monitoring Improvement Measurement System on an ongoing basis. This includes:
      (a) Completing a self-study by gathering data on the entire set of measurement system indicators once every fours years;
      (b) Submitting to a state review team all data on the entire set of measurement system indicators once every four years;
      (c) Preparing a written plan that responds to identified areas of improvement once every four years;
      (d) Hosting a visit by a state review team once every four years; and
      (e) Implementing all appropriate and feasible procedures in order to accomplish the identified improvements.
   (3) Virginia's Monitoring Improvement Measurement System is implemented with ten of the forty local service delivery systems each year resulting in a complete set of data on Virginia's system every four years.

d. Family Survey–

   A family survey is utilized statewide. This is a two-stage survey instrument designed to track individual family-level data at two points in a family's experience in the early intervention system – at the time of the initial IFSP, and at the time of transition from early intervention. This two-stage instrument captures a family's views about its experiences when accessing the early intervention system, preparing for and developing an individualized family service plan, during service delivery, and during transition out of early intervention. The family survey has been integrated into the Monitoring Improvement Measurement System. The majority of the indicators included in the family survey meet one or more of the required indicators within the supervision, monitoring and evaluation system.

   Every LICC is required to disseminate these instruments to every Part C eligible family in their service delivery system and to maintain a local family survey database to be used for local improvement efforts. Furthermore, every LICC is required to submit data collected to the State Part C office on a quarterly basis for statewide aggregate analysis.

e. Local Interagency Agreements, Contracts and Memoranda of Understanding–

   LICCs have in place local interagency agreements, contracts and/or memoranda of understanding. These vehicles are between the LICC or local fiscal agent/intermediary and local agencies/ providers involved in Part C services at the local level. They identify

the responsibilities of those agencies/providers regarding provision of services and financial matters. All local interagency agreements, contracts, and memoranda of understanding comply with State requirements. LICCs are required to annually review and evaluate the effectiveness of their local interagency agreements, contracts and/or memoranda of understanding and to modify as necessary.

3. Technical Assistance Related to the Monitoring Improvement Measurement System

   Technical assistance is provided to LICCs and early intervention programs through the following mechanisms.
   a. Lead Agency early intervention technical assistance consultants:
      (1) Assist localities and programs with implementation of Part C requirements and specific early intervention issues;
      (2) Support localities in implementing local plans for Part C implementation developed by local interagency coordinating councils; and
      (3) Support localities in resolving issues of compliance or improvement as indicated by their improvement and monitoring data.
   b. State agencies also provide technical assistance to their local counterparts on Part C issues and requirements. Assistance in implementing required improvements is provided by state-level staff familiar with the topic/component identified for corrective action and by the local interagency coordinating council coordinator.

4. Written Plan for Improvement

   Any compliance issues identified through improvement and monitoring measurement are addressed in a written plan for improvement. Specific timelines are required for each identified area of improvement. The Lead Agency monitors and supports the successful completion of the improvement actions included in the plan within the specified time.

5. Enforcement of Obligations

   The Lead Agency, with the assistance of the VICC and other State agencies involved in Part C, enforces obligations of agencies, institutions, and organizations used by Virginia to carry out Part C. Every effort is made to ensure compliance through technical assistance and improvement plans. In the event that a LICC demonstrates a persistent unwillingness to address areas requiring improvement identified in the Monitoring Improvement Measurement System, funds can be withheld until the required improvements are addressed. Under those circumstances, the Lead Agency is responsible for ensuring that services are made available to eligible children and their families.

XII. LEAD AGENCY PROCEDURES FOR RESOLVING COMPLAINTS

A. POLICY

1. The Lead Agency ensures that procedures have been *adopted for:*
   a. *Resolving any complaint, including a complaint filed by an organization or individual from another State, that any public agency or private service provider is violating a requirement of Part C of the Act or this Part by:*
      (1) *Providing for the filing of a complaint with the lead agency; and*
      (2) *At the lead agency's discretion, providing for the filing of a complaint with a public agency and the right to have the lead agency review the public agency's decision on the complaint; and*
   b. *Widely disseminating to parents and other interested individuals, including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities, the State's procedures under Secs. 303.510-303.512.*

   (34 CFR 303.510)
2. *In resolving a complaint in which it finds a failure to provide appropriate services, a lead agency, pursuant to its general supervisory authority under Part C of the Act, must address:*
   a. *How to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family; and*
   b. *Appropriate future provision of services for all infants and toddlers with disabilities and their families.* (34 303.510(b))CFR

B. PROCEDURES

1. *General: An individual or organization may file a written, signed complaint with the Lead Agency. The complaint must include a statement that the State [public or private agency (including a State agency)] has violated a requirement of Part C of the Act or the regulations* in this part *and the facts on which the complaint is based.*(34 CFR 303.511(a))

   Limitations: The alleged violation must have occurred not more than one year before the date that the complaint is received by the public agency unless a longer period is reasonable because the alleged violation continues for that child or other children; or the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received by the public agency.

   (34 CFR 303.511(b))

   NOTE: The Lead Agency may assist parents by:
   a. Offering them technical assistance in framing their complaint, including other language interpreters as requested and/or reducing oral complaints to writing;
   b. Informing them of individuals and organizations who provide free or low cost legal or lay assistance to persons who wish to lodge a complaint (such as parent training and information centers, protection and advocacy programs, and legal aid organizations); and
   c. Providing to local interagency coordinating councils written filing procedures to be given to parents, as appropriate.

2. The local interagency coordinating councils have a procedure for advising families on how to file a complaint with the Lead Agency.

3. Upon receipt of a complaint, the Lead Agency determines whether the agency against whom such complaint has been filed is in compliance with applicable law and regulations. The Lead Agency ensures that *an independent on-site investigation of a complaint* occurs *if the Lead Agency determines that an on-site investigation is necessary*. (34 CFR 303.12(a)(1))

4. Upon receipt of a complaint, the Lead Agency sends notification in writing to each complainant and agency against which the violation has been alleged, acknowledging receipt of a complaint with copies to other appropriate personnel. The notification sent by the Lead Agency includes:
   a. A copy of the complaint;
   b. An offer of technical assistance in resolving the complaint; and
   c. A request for written response to the complaint within ten days of the date of the letter of notification. When possible, resolution is reached at the local level during this time.

      NOTE: If a reply from the agency is not filed with the Lead Agency within ten days, the Lead Agency sends a second notice to the agency and telephones the agency.

5. The Lead Agency takes action with respect to the response from the agency as follows:
   a. Reviews the complaint and the reply filed by the local agency. If no further investigation or action is necessary, the Lead Agency notifies both parties, in writing, stating the resolution.
   b. If the reply does not resolve the complaint, the Lead Agency reviews all documentation presented and conducts an independent onsite investigation, if necessary.

6. The Lead Agency resolves the complaint based upon the facts and applicable law and notifies the parties, in writing, of the decision.

7. The Lead Agency includes *a time limit of 60 calendar days after a complaint is filed under §303.510(a) to*:
   a. *Carry out an independent on-site investigation, if the lead agency determines that such an investigation is necessary*;
   b. *Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint*;
   c. *Review all relevant information and make an independent determination as to whether the public agency* and/or other participating agency/provider *is violating a requirement of Part C of the Act or of this part*; and
   d. *Issue a written decision to the complainant that addresses each allegation in the complaint and contains*:
      (1) *Findings of fact and conclusions*; and
      (2) *The reasons for the Lead Agency's final decision*. (34 CFR 303.512(a))

8. *An extension of the* 60 calendar day *time limit* may occur *if exceptional circumstances exist with respect to a particular complaint.* (34 CFR 303.512(b))

   Both parties to the complaint are notified in writing by the Lead Agency whenever exceptional circumstances (e.g., illness, death) exist and the extended time limit is specified.

9. *Procedures for effective implementation of the Lead Agency's final decision, if needed, include technical assistance activities, negotiations, and corrective actions to achieve compliance*.

(34 CFR 303.512*(b)*(2))

10. *If a written complaint is received that is also the subject of a due process hearing under §303.420, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60-calendar-day timeline using the complaint procedures described in sections 7 through 9.* (34 CFR 303.512(c)(1))

11. *If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties, the hearing decision is binding; and the lead agency must inform the complainant to that effect.* (34 CFR 303.512(c) (2))

12. *A complaint alleging a public agency's or private service provider's failure to implement a due process decision must be resolved by the lead agency*.(34 CFR 303.512(c)(3))

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XIII. POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS

A. POLICIES

NOTE: The following policies are required by federal Part C regulations found at 34 CFR Part 303.

1. The *Lead Agency* (DMHMRSAS) has *establish*ed *policies related to how services to children eligible under* Part C *and their families will be paid for under* Virginia's *early intervention program. The policies*:

   a. *Meet the requirements in §303.520 paragraph (b)*; and

   b. Are *reflected in the interagency agreements required in §303.523*.

2. The Lead Agency ensures that *funds under* Part C *are used for the following activities:*

   a. *To maintain and implement a statewide system of early intervention services for children eligible under* Part C *and their families;*

   b. *For direct services for eligible children and their families that are not otherwise provided from other public or private sources;*

   c. *To expand and improve on services for eligible children and their families that are otherwise available, consistent with Sec. 303.527;* *(34 CFR 303.3 A-C)*

   d. *To strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purpose of–*
      (1) *Identifying and evaluating at-risk infants and toddlers;*
      (2) *Making referrals of the infants and toddlers identified and evaluated;*
      (3) *Conducting periodic follow-up on each referral to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under* Part C. (34 CFR 303.3(e))

3. The Lead Agency ensures that some early intervention *functions and services are provided at no cost to all parents.* (34 CFR 303.520(b)(1))

   The following required functions are carried out at public expense in Virginia*, and for which no fees* are *charged to parents*:

   a. *Implementing the child find requirements in §303.321*;

   b. *Evaluation and assessment, as included in §303.322, and including the functions related to evaluation and assessment in §303.12*;

   c. *Service coordination, as included in §303. 22 and §303.344(g)*; and

   d. *Administrative and coordinative activities related to*:

(1) *The development, review, and evaluation of IFSPs [Individualized Family Service Plan in §303.340 and §303.346*; and
(2) *Implementation of the procedural safeguards in Subpart E, and the other components of the statewide system of early intervention services in Subparts D and F.* (34 CFR 303.521(b))

4. The Lead Agency, in accordance with Virginia Code, § 2.2-5304, ***has established, consistent with34 CFR §303.12(a)(3)(iv), a system of payments for early intervention services*.** On January 1, 2002 the following uniform policies and procedures are effective for all public and private participating agencies.

(34 CFR 303.521(a))

a. All Part C services, except those which are provided at no cost to families, are charged to families in a like manner regardless of the anticipated payment source.

b. The charge for each Part C service is determined by each public and private participating agency/provider based upon their cost of providing the service.

c. Consistent and uniform information related to fees are provided to families in accordance with procedures outlined in B - 3 of this section.

d. Families are informed that they are charged the cost of care and that procedures are available to determine a reduced fee based upon the family's taxable income (or disposable income if the fee appeal process is used).

e. The sliding fee scale establishes a uniform monthly cap based on taxable family income regardless of the frequency and intensity of services. A family with income below the level that requires completion of federal income tax returns or whose income level enables their child to be eligible for Medicaid/FAMIS are not required to pay for services. If taxable income is not readily available to determine family liability, estimated taxable income is permissible or the procedures in the fee appeal process can be used.

f. Monthly caps are consistently determined for families by all providers in accordance with the uniform procedures identified in B-3 of this section and the statewide sliding fee scale in Appendix B.

g. A fee appeal process is made available to families if the fee, whether less than or equal to the monthly cap as determined by the sliding fee scale, represents an identified hardship or barrier to service in accordance with the consistent and uniform procedures in B -3 of this section.

h. Private insurance may be accessed with parent permission to reimburse for services for which fees are charged. Private insurance cannot be billed for services that are at no cost to families unless private insurance policies do not exclude coverage of services that have no consumer liability.

i. Families are responsible for insurance co-pays and deductibles. However, if co-pays and deductibles create a financial hardship or barrier to service, families may access the sliding fee scale by providing proof of taxable income and family size.

j. Families have the right not to make use of private insurance coverage if, in the families' determination, a financial loss such as a decrease in available lifetime coverage or discontinuation of the policy may occur.

k. Families have the right to choose to pay the full charge for services and deny access to proof of income.

l. If a family does not provide permission to use their private insurance, the family may choose to access the sliding fee scale by providing proof of taxable income and family size.

m. If the fee, whether less than or equal to the monthly cap as determined by the sliding fee scale, represents a hardship or barrier to service, the fee appeal process may be used. The fee appeal process determines a monthly cap based upon a family's disposable income. Disposable income is calculated by deducting expenses, including those related to the child's disability, from net income.

n. In cases where disagreement arises and resolution at the local level does not occur, the family has the right to access the Part C administrative complaint process, mediation, and/or an impartial hearing at any point in the process of providing Part C services, including determining fees.

o. Re-evaluation of family financial needs occur whenever the family's financial circumstance changes and at least annually if services extend beyond one year.

p. Families are required to inform their service coordinator of any changes in their financial status throughout enrollment in services unless they have chosen to pay full fee for all services.

q. Families are fully informed and are provided notice of the following:
   (1) the charge for each service and which services are at no cost;
   (2) the availability of a sliding fee scale and fee appeal process to establish a monthly cap if the charges create a barrier to services or financial hardship;
   (3) proof of taxable family income is required to access the sliding fee scale and proof of net income and expenses is required to access the fee appeal process;
   (4) their right to refuse to provide proof of income results in being billed the full charge for services;
   (5) the availability of all procedures to resolve disagreements should they occur in accordance with Part C requirements;
   (6) their right to provide or not provide consent to use private insurance to cover services;
   (7) their right to have all financial information maintained in accordance with federal and state requirements for confidentiality.

5. The Lead Agency ensures that ***fees are not charged for the services that a child is otherwise entitled to receive at no cost to parents.*** (34 CFR 303.520(b)(3)(i))

6. The Lead Agency ensures that *the inability of the parents of an eligible child to pay for services does not result in the denial of services to the child or the child's family*. (34 CFR 303.520(b)(3)(ii))

7. The Lead Agency ensures that Virginia has *implemented a mechanism to ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities*. (34 CFR 303.520(c))

8. The Lead Agency ensures that *resources* have been *identified and coordinated*.

   a. The Lead Agency *is responsible for*:
      (1) The identification and coordination of all available resources for early intervention services within Virginia, including those from Federal, State, local, and private sources; and
      (2) Updating the information on the funding sources in paragraph (a)(1) of this section, if a legislative or policy change is made under any of those sources.

   b. *The Federal funding sources in paragraph (a)(1) of this section include–*
      (1) Title V of the Social Security Act (relating to Maternal and Child Health);
      (2) Title XIX of the Social Security Act (relating to the general Medicaid program and EPSDT);
      (3) The Head Start Act;
      (4) *Parts B and C of the* Individuals with Disabilities Education Act;
      (5) The Developmentally Disabled Assistance and Bill of Rights Act (P L 94-103); and
      (6) *Other Federal programs*. (34 CFR 303.522)

9. The Lead Agency *ensures that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among public agencies or service providers*. (34 CFR 303.525)

10. The Lead Agency ensures that the *reimbursement procedure includes a procedure for securing the timely reimbursement of funds used under this part, in accordance with §303.527(b).* (34 CFR 303.528)

11. The Lead Agency ensures that Part C funds are used as *payor of last resort*.

    a. Except as provided in paragraph (b)(1) of this section, funds under Part C are not used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source including any medical program administered by the Secretary of Defense but for the enactment of Part C of the Act. Therefore, funds under Part C are used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.

    b. Part C funds can be used for *interim payments* pending *reimbursement.*
       (1) *If necessary to prevent a delay in the timely provision of services to an eligible child or the child's family, funds under* Part C ***can be*** *used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.*
       (2) *Payments under paragraph (b)(1) of this section may be made for*:
          (b) *Early intervention services, as described in §303.12*;
          (c) *Eligible health services (see §303.13)*; and
          (d) *Other functions and services authorized under* Part C, *including child find, and evaluation and assessment.*

       (34 CFR 303.527(b))

(3) *The provisions of paragraph (b)(1) of this section do not apply to medical services or "well-baby" health care* as described under Health Services in the regulations.

12. *Nothing in this* part is to be *construed to permit* Virginia *to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title XIX of the SSA (relating to Medicaid) for children eligible under this part within* Virginia. (34 CFR 303.527(c))

B. PROCEDURES

1. The Lead Agency coordinates efforts on an ongoing basis with the other participating State agencies involved in early intervention services and with the Secretary of Health and Human and Resources and the Secretary of Education, to determine ways of maximizing resources, integrating and realigning resources to support early intervention services, coordinating eligibility of various agency programs and initiatives, and gathering new and cost-effective strategies for systems financing. The State interagency agreement identifies responsibilities of participating State agencies for the coordination of resources.

2. Local interagency coordinating councils (LICCs) make every effort during planning and implementation of the interagency system of early intervention services to consider and access all available sources of funds prior to use of Part C funds. This means that every effort must be made to access private insurance (including private HMOs) with parental consent, CHAMPUS, with parental consent and Medicaid for all Part C services covered by these payors. These efforts to access all availa ble sources may necessitate expansion of the agencies/providers network.

   a. LICCs identify on an annual basis all potential community resources (financial and other service supports) available to assist in the provision of early intervention services. This includes, but is not limited to the following potential resources**:**
      (1) Medicaid, CHAMPUS, the Virginia State Employees Health Benefits Plan, and private insurer/HMO providers;
      (2) Private foundations, civic organizations (i.e., Kiwanis, Lions Club, etc.), and faith organizations that have potential supports/resources for children and families in early intervention;
      (3) Publicly and privately funded initiatives (i.e., Healthy Families, CHIP of Virginia, Early Head Start, etc.) that may have overlapping services and supports for families;
      (4) Public and private agencies/organizations including health/medical, social services, education and mental health agencies; and
      (5) Parent organizations.

   b. LICCs develop interagency agreements, contracts or memoranda of agreement with as many potential community agencies/organizations as possible to meet the needs of children with disabilities and their families. These agreements or contracts must specify responsibilities of each party including the requirement to comply with Part C of the Individuals with Disabilities Education Act (IDEA) the Individuals with Disabilities Education Act (IDEA) as well as the services that will be provided and how these services will be financed.

c. LICCs implement procedures and/or mechanisms that ensure the use of Part C funds as payor of last resort.

3. LICCs and their local participating agencies/providers implement fee and ability to pay policies as specified in A (4) of this section and the following procedures to ensure that families are not denied services due to an inability to pay:

   a. Upon intake, the temporary service coordinator is responsible for informing the family of the system of payments and the ability to pay process. This includes providing the family with the standardized family fee information in Appendix A and notice of their rights in Appendix E.

   b. Upon intake, the service coordinator links the family with the appropriate individual responsible for determining the family's ability to pay. This individual completes the following steps:
      (1) Determines the family's understanding of the fee and ability to pay system and their rights and provides clarification as necessary.
      (2) Informs the family of the charges for the services and that a sliding fee scale is available to establish a maximum monthly cap if the charges create a barrier to services or financial hardship.
      (3) Requests that the family provide proof of taxable income by presenting tax returns or providing estimated taxable income using the Federal 1040 format and the number of people in the family, if the family requests access to the sliding fee scale.
      (4) Determines the monthly cap the family is responsible for paying for all services provided based upon taxable income and family size according to the standardized sliding fee scale in Appendix B.
      (5) Determines if the family chooses to use their insurance to cover the cost of covered services and, if used, obtains family consent to release information and assignment of benefits in order to process claims to third party payors.
      (6) Completes the standardized financial agreement form in Appendix C.
      (7) Informs the families about the availability of a fee appeal process to potentially further reduce the fee if the family identifies a financial hardship based upon the reduced rate determined by the sliding fee scale.
      (8) Shares all factors with the families that are considered in the fee appeal process.
      (9) Requests that the family provide proof of net income if the fee appeal process is needed and identifies extraordinary debt, including co-insurance and deductibles, and costs related to their child's special needs, in accordance with the fee appeal form in Appendix D.
      (10) Completes the standardized financial agreement form in Appendix C following use of the fee appeal worksheet in Appendix D.
      (11) Informs the families that re-evaluation of their financial needs occurs whenever their financial circumstances change but at least annually and they are required to inform their service coordinator of any changes in their financial status throughout enrollment in services unless they have chosen to pay full fee.
      (12) Presents all ability to pay activities in a dignified, confidential and professional manner and affirms that each family's particular financial obligations are not subject to scrutiny.

b. If disagreements regarding fees cannot be resolved, the service coordinator assists families in initiating the next steps in the fee appeal process as specified in A (4)(m) of this section and, if necessary, assists the family in requesting a Part C administrative complaint, mediation and/or an impartial hearing.

4. LICCs and their participating local agencies/providers implement procedures for the use of Part C funds to cover the cost of services pending reimbursement from the agency or entity that has ultimate responsibility for the payment or pending designation of the responsible agency or entity in order to prevent a delay in the timely provision of services. Local procedures must address the steps that a local participating agency/provider would take in obtaining reimbursement and the steps taken if reimbursement is not obtained within a timely manner. Local procedures must also refer to the Resolution of Interagency Financial Disputes procedures in Component XIV - Interagency Agreements and Resolution of Disputes if the reimbursement issue is related to financial responsibilities of a state participating agency.

   a. During a dispute between/among local units of participating state agencies or local counterparts of participating state agencies regarding financial or other responsibilities, the local agencies are required to notify the Lead Agency of the dispute and to use Part C funds until the dispute is resolved to ensure that no services that a child is entitled to receive are delayed or denied. Upon resolution of the dispute, the agency determined responsible reimburses Part C as follows:
      (1) If reimbursements are not made by a state participating agency (or its local counterpart) within 45 days of resolution of the dispute, the Lead Agency contacts the staff involved at the state participating agency of the given program.
      (2) If not resolved by the respective state agency within 14 days, the matter is referred to the Secretary of Health and Human Resources and/or the Secretary of Education.

   b. During a dispute at the state level between/among participating state agencies, the procedures in Component XIV - Interagency Agreements and Resolution of Disputes will be followed.

XIV. INTERAGENCY AGREEMENTS AND RESOLUTION OF DISPUTES

A. Interagency Agreements

1. POLICIES
   a. The Lead Agency (DMHMRSAS) has *entere*d into *formal interagency agreement with other state-level agencies involved in* Virginia's *early intervention program.* The primary *agreement*, signed by the participating State agencies, with its addendum (included in Appendix K), *meets the requirements in paragraphs (b) through (d) of this section*. (34 CFR 303.523(a))
   b. The Lead Agency has included in the *agreement the financial responsibility of the respective agency*(ies) *for paying for early intervention services (consistent with* Virginia *law and the requirements of* Part C).
   c. The Lead Agency has included in the *agreement* reference to the use of *procedures for resolving disputes*. (In this section see B - Resolution of Interagency Disputes, 1 - Policies, a.)
   d. The Lead Agency has included in the *agreement any additional components necessary to ensure effective cooperation and coordination among all agencies involved in* Virginia's *early intervention program.*
   e. The Lead Agency has an agreement with the Virginia Department of Education which addresses areas of joint responsibility between the two agencies (included in Appendix K).
   f. The Lead Agency requires the development of local interagency agreements in accordance with Part C policies and procedures.
   g. The Lead Agency requires that Part C early intervention services are provided only by local participating agencies/providers. Local participating agencies/providers are those agencies/ providers who have agreed to comply with Part C requirements in the provision of early intervention services through a local interagency agreement, contract, or memorandum of understanding.

2. PROCEDURES
   a. The participating State agencies signing the agreements have agreed to send copies of the State interagency agreement and additional letters, and update information as necessary, to local and regional counterparts delineating support and mechanisms to enhance local participation and cooperation.
   b. The local interagency coordinating councils (LICCs) facilitate the participation and involvement of all local participating agencies/providers in the development of local interagency agreements in accordance with Part C policies and procedures. Local interagency agreements include language that ensures that local participating agencies/ providers comply with Part C requirements in the provision of early intervention services.

B. Resolution of Interagency Disputes

1. POLICIES
   a. The Lead Agency has included in the agreement procedures for resolving disputes as follows:
      (1) *Include procedures for achieving a timely resolution of intra- and interagency disputes about payments for a given service, or disputes about other matters related to* Virginia's *early intervention program. Procedures include a mechanism for making a final determination that is binding upon the agencies involved;*

(2) *Permit the agency to resolve its own internal disputes (based on the agency's procedures) so long as the agency acts in a timely manner*; and
(3) *Include the process that* the *Lead Agency will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner.*

b. The *Lead Agency resolves individual disputes, in accordance with the procedures* below.
(1) *During the pendency of a dispute, the Governor, who is responsible for assigning financial responsibility among the appropriate agencies, will*:
(a) *Assign financial responsibility to an agency, subject to the provisions in* c. *of this section*; or
(b) *Assign the Lead Agency to pay for the service, in accordance with the "payor of last resort" provisions in §303.527.*
(2) *If, in resolving the dispute, the Governor determines that the assignment of financial responsibility under* B.1.b.(1) *of this section was inappropriately made, the*:
(a) Governor *reassigns the responsibility to the appropriate agency*; and
(b) Lead Agency *makes arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility*.
(3) *To the extent necessary to ensure compliance with its action in* c. *of this section, the Lead Agency*:
(a) *Refers the dispute to the Governor*; and
(b) *Implements* procedures to ensure that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among public agencies and/or other participating agencies/providers in accordance with §303.525. (34 CFR 303.524)
(4) All local participating agencies/providers through procedures established by LICCs must make every effort to resolve intra- and inter-agency disputes at the local level, pursuing all avenues of appeal, prior to initiating a state-level interagency dispute.

2. PROCEDURES
a. LICCs develop and implement policies and procedures (including mechanisms) for resolution of intra- and inter-agency disputes. These local policies and procedures must include steps that address the following:
(1) All local participating agencies/providers ensure that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes.
(2) All local participating agencies/providers must make every effort to resolve disputes at the local level by following dispute procedures established by the agency(ies) to whom the dispute pertains. This includes pursuit of all appeal procedures available including appeal to the respective State agency if such procedures are available.
(3) If the dispute cannot be resolved at the local level within ninety (90) days following the dispute and appeal procedures, a written request to initiate a state-level interagency dispute may be filed with the Lead Agency. The written request must include a written summary of all steps taken to resolve the dispute and a written summary of the findings.
(4) All local participating agencies/providers must initiate or continue to provide services as listed on the IFSP pending resolution of a dispute.
(5) Upon receipt of a written request to initiate an interagency dispute from a local or State participating agency/provider, the Lead Agency with the assistance of the Office of the Attorney General reviews all materials submitted to determine if the request warrants the initiation of the state-level interagency dispute process or if the

dispute needs to be resolved through other channels.

(6) If the Lead Agency determines the dispute needs to be resolved through the state-level interagency dispute process, the Lead Agency refers the dispute to the Secretary of Health and Human Resources and/or the Secretary of Education for resolution. If the dispute cannot be resolved by the Secretary(ies) within 30 days, the dispute is referred to the Governor.

(7) When resolutions of disputes are reached at any level, as appropriate, resolutions are put in writing and are binding on all parties.

(8) When issues, disputes, or resolutions appear to impact the early intervention system, such information should be forwarded to the attention of the Early Intervention Interagency Management Team (EIIMT).

b. For disputes that initiate at the state level, the following procedures are followed:

(1) Participating State agencies must make every effort to resolve their own disputes according to the procedures within their agency. If a dispute involves two or more state agencies, resolution is reached through discussion between the state agencies involved.

(2) If participating State agencies are unable to resolve disputes in a timely manner, a State agency may forward a written request to the Commissioner of the Lead Agency to initiate an interagency dispute along with a summary of the steps taken to resolve the interagency dispute.

(3) Upon receipt of a written request to initiate an interagency dispute from a local or State participating agency/provider, the Lead Agency with the assistance of the Office of the Attorney General reviews all materials submitted to determine if the request warrants the initiation of the state-level interagency dispute process or if the dispute needs to be resolved through other channels.

(4) If the Lead Agency determines the dispute needs to be resolved through the state-level interagency dispute process, the Lead Agency refers the dispute to the Secretary of Health and Human Resources and/or the Secretary of Education for resolution. If the dispute cannot be resolved by the Secretary(ies) within 30 days, the dispute is referred to the Governor.

(5) When resolutions of disputes are reached at any level, as appropriate, resolutions are put in writing and are binding on all parties.

(6) When issues, disputes, or resolutions appear to impact the early intervention system, such information should be forwarded to the attention of the Early Intervention Interagency Management Team (EIIMT).

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XV. POLICIES FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICES

A. POLICY

1. The Lead Agency (DMHMRSAS) has a *policy* in effect *pertaining to contracting or making other arrangements with public or private service providers to provide early intervention services*. The *policy includes*:
   a. *A requirement that all early intervention services must meet* Virginia *standards and be consistent with the provisions of this part*;
   b. *The mechanisms that the Lead Agency uses in arranging for these services, including the process by which awards or other arrangements are made*; and
   c. *The basic requirements that must be met by any individual or organization seeking to provide these services for the Lead Agency*. (34 CFR 303.526)

2. The Lead Agency ensures that when arranging for services, the State Procurement Act is followed. (An example is included in Appendix Q.)

3. The Lead Agency ensures that basic requirements to be met by an individual or organization are designated whenever contractual arrangements are made. The requirements to be met depend on the service provided.

B. PROCEDURES

1. The Lead Agency contracts in accordance with the State Procurement Act with a local fiscal agent/ intermediary (which is required to be a public agency) on behalf of the local interagency coordinating council (LICC) to carry out and implement early intervention services in accordance with Part C requirements.

2. The local fiscal agent/intermediary on behalf of the LICC follows local agency procurement procedures that comply with the State Procurement Act when contracting for services.

3. Local contracts, as well as local interagency agreements and/or local memoranda of understanding, are used by local fiscal agents/intermediaries on behalf of LICCs to ensure that all local participating agencies/providers agree to provide early intervention services in accordance with Part C.

4. The Lead Agency follows the procedures listed below to evaluate the need for adjusting the contracting mechanism.
   a. Contracts to public or private providers for provision of early intervention services are issued according to guidelines deemed most appropriate.
   b. Any problems noted with this process are identified and remedies sought and incorporated into revisions or additions.
   c. Due to the entitlement nature of the program, adjustments will continue to be made to incorporate federal evaluation needs identified as being unique to entitlement.

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XVI. DATA COLLECTION

A. POLICIES

1. The Lead Agency (DMHMRSAS) has developed and implemented a data collection system that specifies the *procedures that* Virginia *uses to compile data on the statewide system* necessary to fulfill federal reporting requirements and for other state reporting purposes. The data collection system:
   a. *Includes a process for collecting data from various agencies and service providers in* Virginia, using and *describing appropriate sampling methods*; and
   b. *Provides for the reporting of data required under Section 618 of the Act that relates to* Part C. The Lead Agency reports the *information required in paragraph (a)(2) of* 34 CFR *303.540* to the federal agency *at the time and in the manner* specified by the federal agency. (34 CFR 303.540)
   c. Includes:
      (1) The number of children with disabilities by race and ethnicity who are receiving early intervention services,
      (2) The number of children with disabilities, by race and ethnicity, who, from birth to age two, stopped receiving early intervention services because of program completion or for other reasons.

      Virginia does not currently serve at-risk infants and toddlers and therefore does not collect data on this population.

2. The Lead Agency ensures that data collection activities under this section are completed in full compliance with all applicable Federal and State legislation and regulations pertaining to informed consent, confidentiality of information, and release of information.

B. PROCEDURES

1. Following the development of the initial IFSP, local interagency coordinating councils (LICCs) are required to collect and report the following information on each child found eligible for Part C services for whom a current IFSP is in effect on December 1st of each calendar year:
   a. Individual Child Identification Code;
   b. Date of birth;
   c. Residence code;
   d. Date of initial IFSP;
   e. Race;
   f. Gender;
   g. Criteria by which eligibility for Part C program was determined;
   h. Primary setting in which Part C services are provided;
   i. Referral source and date of referral;
   j. Risk factors that apply;
   k. Determination of whether or not child is medically fragile;
   l. Type(s), frequency, setting, and provider of services provided to the child and the child's family through the Part C program;
   m. Third party reimbursement information; and
   n. Date of closure and transition destination.

   Completed data forms are submitted to the Lead Agency at least on a quarterly basis.

2. LICCs are responsible for collecting and reporting to the Lead Agency the number and type of personnel employed and positions vacant on December 1st of each year in programs providing Part C services.

3. LICCs are responsible for disseminating the two versions of the family survey following procedures developed by the Lead Agency. (See Component XI - Supervision and Monitoring of Programs)

4. LICCs are responsible for collecting and reporting additional information as required for reports to the General Assembly and other State reporting purposes.

5. The Lead Agency has developed state-level interagency agreements which delineate interagency responsibilities for data collection and ensure the participation of all appropriate State agencies and their local counterparts in data collection and reporting.

6. The Lead Agency has developed data collection forms, established timelines for data collection and submission, and provides training and technical assistance to localities in the completion of data collection requirements.

7. LICCs facilitate the development of local interagency cooperative agreements that identify the responsibilities of each local agency and insure the participation of all appropriate local agencies in the data collection process.

8. LICCs are responsible for developing specific procedures for data collection and determining mechanisms for implementation in each specific locality, contacting all participating agencies, aggregating data submitted by local agencies, and submitting data to the Lead Agency in the manner and time specified.

9. The Lead Agency is responsible for aggregating all information submitted by local interagency coordinating councils and for the preparation and dissemination of summary reports to the federal agency, Virginia General Assembly, the VICC, and LICCs.

XVII. NATURAL ENVIRONMENTS

A. POLICIES

1. *To the maximum extent appropriate, early intervention services are provided in natural environments.*

2. *The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural setting.* (34 CFR 303.167(c))

3. *The Individualized Family Service Plan (IFSP) includes* a statement of *the natural environment, as described in 303.12(b), in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment.* (34 CFR 303.344(d)(1)(ii))

   Note: With respect to the requirements in Sec.303.344(d), the appropriate location of services for some infants and toddlers might be a hospital setting–during the period in which they require extensive medical intervention. However, for these and other eligible children, early intervention services must be provided in natural environments (the home, childcare centers, or other community settings) to the maximum extent appropriate to the needs of the child. (34 CFR 303.344 Note)

B. PROCEDURES

1. The Lead Agency has developed the following strategies to ensure that the requirements of Part C are met:
   a. A memorandum has been sent to all local interagency coordinating councils indicating the change in Part C of IDEA regulatory language effective July 1, 1998 and encouraging all local interagency coordinating councils (LICCs) to review the IFSP process steps for determining the natural environment in which services are delivered as outlined in the June 1994 Technical Assistance Document Early Intervention in the Natural Environment: What Does it Mean for Young Children?
   b. The June 1994 Technical Assistance Document Early Intervention in the Natural Environment: What Does it Mean for Young Children? has been be revised. The revised technical assistance documents are in the May 2000 manual, Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families; Development of the IFSP; Procedural Safeguards: Rights and Prior Notice. These manuals have been distributed statewide.
   c. An early intervention service delivery approach which incorporates principles of family-centered care, consultative services and direct services in integrated/natural settings, and community resource-based services is being field tested in Virginia. Intensive training and technical assistance are being provided along with pre- and post-outcome measurements. Findings from this field test will be reviewed by the task force which developed the service delivery approach. Next step recommendations will be generated as result of the field test and depending upon the findings recommendations may include statewide implementation of training and technical assistance on the service delivery approach.
   d. The Lead Agency is scheduling statewide training on the IFSP process which incorporates the natural environments requirements into all aspects of IFSP development.

e. The Lead Agency is incorporating the natural environment requirements into the Monitoring and Improvement Measurement System (MIMS) for local self-study.

2. LICCs are responsible for developing and implementing policies and procedures (including mechanisms) that meet the above stated policies on natural environments. Local policies and procedures must specify the IFSP process steps used in determining natural environments for provision of services.

EDGAR Definitions

Sec. 303.24 EDGAR definitions that apply.

1. The following terms used in this part are defined in EDGAR at 34 CFR 77.1:

Applicant	Grant
Award	Grantee
Contract	Grant Period
Department	Private
EDGAR	Public
Fiscal year	Secretary

(Authority: 20 U.S.C. 1471 et.)

2. EDGAR Definitions

   a. *Applicant* means a party requesting a grant or subgrant under a program of the Department.

   b. *Award* means amount of funds that the Department provides under a contract, grant, or cooperative agreement.

   c. *Contract* means (except as used in the definitions for "grant" and where qualified by "Federal") procurement contract under a grant. ('74.3)

   d. *Department* means the U.S. Department of Education.

   e. *EDGAR* means the Education Department General Administration Regulations. (34 CFR parts 74, 75, 76, 77, 79, 80, 81, 82, 85, and 86)

   f. *Fiscal year* means the Federal fiscal year - a period beginning on October 1 and ending on the following September 30.

   g. *Grant* means an award of financial assistance, including cooperative agreements, in the form of money, or property in lieu of money, the Federal Government to an eligible grantee. ('74.3)

   h. *Grantee* means the non-profit corporation or other legal entity to which a grant is awarded and which is accountable to the Federal Government for the use of the funds provided. ('74.3)

   i. *Grant period* means period for which funds have been awarded.

   j. *Private*, as applied to an agency, organization, or institution, means that is not under Federal or public supervision or control.

   k. *Public*, as applied to an agency, organization, or institution, means that the agency, organization, or institution is under the administration, supervision, or control of a government other than the Federal Government.

   l. *Secretary* means the Secretary of the Department of Education or official or employee of the Department acting for the Secretary under a delegation of authority.

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LOCAL CONTRACT FOR 2000-2001 CONTINUING PARTICIPATION IN PART C

This Contract is entered into this first day of October 2000, by

_____

(Local Fiscal Agent/Intermediary)

hereinafter called the "Contractor", on behalf of

_____

(Local Interagency Coordinating Council)

hereinafter called the "LICC"

and the Commonwealth of Virginia, Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), hereinafter called the "Contracting Agency".

WITNESSETH that the Contractor and the Contracting Agency, in consideration of the mutual covenants, promises and agreements herein contained and/or attached, agree as follows:

SCOPE OF SERVICES: The Contractor in conjunction with the LICC and all local participating agencies/ providers shall provide the services as set forth in the Contract Documents to the Contracting Agency in accordance with Part C of the Individuals with Disabilities Education Act (42 USC 1478 et seq), early intervention services for infants and toddlers (birth to age three) with disabilities and their families.

PERIOD OF PERFORMANCE: October 1, 2000, through September 30, 2001.

COMPENSATION AND METHOD OF PAYMENT: The Contractor shall be paid on behalf of the LICC by the Contracting Agency within thirty (30) days of receipt and approval by the Contracting Agency of a Part C expenditure report prepared by the Contractor and approved by the LICC.

CONTRACT DOCUMENTS: The contract documents which complete the Local Contract for 2000-2001 Continuing Participation in Part C includes this page and the following: Identification Sheet; Assurances; Terms and Conditions for Continuing Participation; Scope of Work; Deliverables; Appendix A (For Purposes of Clarification), Appendix B (Required Data Reports), Appendix C (Plan for Full Implementation of Natural Environments Requirements); Submission Statement; Local Participating Agency/Provider Signatures; Budget Justification Narrative; 2000-2001 Local Part C Interagency Budget; and Personnel Table.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

_____ _____

Signature - Authorized Officer of Contractor Date

_____ _____

Signature - Commissioner DMHMRSAS Date

IDENTIFICATION SHEET

G Check if contract will have to be approved/accepted by local government

CONTRACT NUMBER 00-01 -_____

Issuing Agency: Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)
P. O. Box 1797
Richmond, VA 23218-1797

Inquiries should be directed to:
Anne Lucas, Virginia Part C Coordinator (804) 786-3710

Issuing Date: July 25, 2000

Closing Date: To receive funding in a timely manner, contract must be received by DMHMRSAS on or before **September 8, 2000 by 5:00PM.**

Instructions: **One (1) original and two (2) copies of this contract must be submitted.**

Period: October 1, 2000 - September 30, 2001

Contract Amount: **$** _____

Local ICC Coordinator	Local ICC Chair
Local Interagency Coordinating Council	Business/Occupation
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Telephone Number	Telephone Number
Fax Number	Fax Number
E-Mail Address	E-Mail Address

I. ASSURANCES

On behalf of the LICC of which it is a part, the Contractor agrees to act as the local fiscal agent/intermediary for the administration of funds allocated to the LICC by the Contracting Agency for local implementation of Part C of the Individuals with Disabilities Education Act (IDEA), early intervention services for infants and toddlers with disabilities and their families. In so doing the Contractor agrees to abide by the following fiscal assurances and provisions in order to receive Part C funds on behalf of the LICC. Furthermore, by authorizing the Contractor to submit this Local Contract for 2000-2001 Continuing Participation in Part C on its behalf, the LICC, which includes the Contractor and all other local participating agencies/providers, agrees to and shall be responsible for similarly ensuring that all of the following fiscal assurances and provisions are met.

A. The LICC, which includes the Contractor and all other local participating agencies/providers, assures the following:

1. Federal funds made available under Part C will not be commingled with State funds. (34 CFR 303.123)

   State funds in this assurance references Federal, State, local and private funding sources. This assurance is satisfied by the use of an accounting system that includes an "audit trail" of the expenditure of funds awarded under Part C. Separate bank accounts are not warranted.

2. Federal funds made available under Part C will be used to supplement and increase the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant such State and local funds. (34 CFR 303.124)

   To meet this requirement, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for Part C eligible children must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available.

3. Fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under Part C. (34 CFR 303.125)

4. Every effort will be made during planning and implementation of the interagency system of early intervention services to consider and access all available sources of funds prior to use of Part C funds. To meet the payor of last resort provision, the requirements on non-substitution of funds and non-reduction of other benefits must be met. (34 CFR 303.126)

   In accordance with this payor of last resort provision, Part C funds may not be used as a reimbursement source:

   a. For a family with private insurance, Part C funds may not be used to make up the difference between the usual and customary rate paid by the insurance company for a service and the local participating agency's/provider's cost to provide that service. By being a provider for that insurance company, the local participating agency/provider has agreed to accept that usual and customary rate.

   b. For a child with Medicaid, Part C funds cannot be used to make up the difference between the amount reimbursed by Medicaid and the local participating agency's/provider's cost of providing that service. As a Medicaid provider, the local participating agency/provider has agreed to accept reimbursement at the Medicaid rate.

c. For a child whose family is paying according to an agency's ability to pay scale, Part C funds cannot be used to reimburse the agency for the family fee if the family states they are unable to pay the fee (even after all appeals are exhausted) if state, local or federal funds are used to support the provision of any early intervention services provided by the agency.

NOTE: Specifically, this requirement applies primarily to public agencies (e.g., CSBs, Health Departments, etc.) that use public funds to provide early intervention services. It also applies to private agencies that provide early intervention services via a lump sum contract with a public agency. This does not apply, however, if early intervention services are purchased from a vendor at a per service rate.

5. The LICC, which includes the Contractor and all other local participating agencies/providers, will:

a. Provide financial reports containing information that the State may require; and

b. Keep financial records and afford access to those records as the State may find necessary to assure the correctness and verification of reports and proper disbursement of funds provided under Part C. (34 CFR 303.122)

6. Part C funds will be used by the LICC to plan, develop, and implement a local interagency system of early intervention services for Part C eligible children and their families as defined in State policies and will be expended in accordance with Federal requirements, including requirements for the provision of direct services not provided or funded by other sources.
(34 CFR 303.3; 34 CFR 303.144; and 34 CFR 303.127)

7. Local policies and practices will be implemented which ensure that traditionally-underserved groups, including minority, low income, and rural families have access to culturally-competent services within their local geographical areas. (34 CFR 303.128)

8. All Federal, State, and local policies and procedures for Part C implementation are implemented through local interagency agreements, contracts, and/or memoranda of understanding.

Implementation activities and the roles and responsibilities of the LICC, of which the Contractor is a part and which includes all other local participating agencies/providers, are determined by:

a. Public Law 105-17, IDEA Amendments of 1997 (20 USC 1431);

b. 34 CFR Part 303: Early Intervention Program for Infants and Toddlers with Disabilities;

c. *Code of Virginia*, §§2.1-760 through 2.1-768 as amended and effective July 1, 1992;

d. Virginia Part C Policies and Procedures (1999)and any subsequent revisions;

e. Department of Mental Health, Mental Retardation and Substance Abuse Services Policy 4037 (CSB) 91-2: Early Intervention Program for Infants and Toddlers with Disabilities and Their Families;

f. Memorandum of Agreement Among the Agencies Involved in the Implementation of Part H [sic] of the Individuals with Disabilities Education Act (IDEA) to Meet Full Implementation Requirements (September 1996);

g. Local interagency agreement(s), contract(s), and memoranda of understanding; and

h. All other Federal and State laws and regulations that may apply.

B. The Contractor further assures that all entities with which it contracts or otherwise to which Federal Part C funds and other funds appropriated by the Virginia General Assembly for continuing Part C participation at the local level are provided, in accordance with the interagency Part C budget developed by the LICC of which the Contractor is a part, are informed of and comply with the assurances in A1-8 above.

II. TERMS AND CONDITIONS FOR CONTINUING PARTICIPATION

A. As a condition to receiving Federal Part C funds and other funds which may be appropriated by the Virginia General Assembly for continuing participation at the local level, the Contractor agrees to the following terms and conditions:

1. Authorities
   Nothing in this contract shall be construed as authority for either party to make commitments which will bind the other party beyond the scope of services contained herein.

2. Performances
   All services provided by the Contractor pursuant to this contract shall be performed to the satisfaction of the Contracting Agency, and in accord with all applicable Federal, State and local laws, ordinances, rules and regulations. Payment shall not be provided by the Contracting Agency for work found to be unsatisfactory or performed in violation of Federal, State and local laws, ordinances, rules or regulations. Furthermore, the Contractor shall, through contract management, hold local public and private agencies to which Part C funds are provided accountable and withhold payment for services found to be unsatisfactory.

3. Ethics in Public Contracting
   The Contractor certifies that this contract offer is made without collusion or fraud and that it has not offered or received any kickbacks or inducements from any other parties in connection with its contract offer, and that it has not conferred on any public employee having an official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised unless consideration of substantially equal or greater value was exchanged.

4. Financial Records Availability
   The Contractor agrees to retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The Department of Mental Health, Mental Retardation and Substance Abuse Services, as Contracting Agency, its authorized agent, and/or State and Federal auditors shall have full access to and the right to examine any of said materials during said period.

5. Availability of Funds
   It is understood and agreed between the parties herein that the Contracting Agency shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this contract.

6. Immigration Reform and Control Act of 1986
   By signature on this contract, the Contractor certifies that it does not and shall not during the period of the contract employ illegal alien workers or otherwise violate the provisions of the Federal Immigration Reform and Control Act of 1986.

7. Applicable Laws and Courts
   This contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Contractor shall comply with applicable Federal, State and local laws and regulations.

8. Anti-Discrimination
   The Contractor certifies to the Commonwealth that it shall conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians with Disabilities Act, the Americans with Disabilities Act and Section 11-51 of the Virginia Public Procurement Act which provides:

   In every contract over $10,000 the provisions in a. and b. below apply.

   a. During the performance of this contract, the Contractor agrees as follows:

(1) The Contractor shall not discriminate against any employee or applicant for employment because of race, religion, color, sex or national origin, or disabilities, except when religion, sex or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

(2) The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, shall state that such Contractor is an equal opportunity employer.

NOTE: Notices, advertisements and solicitations placed in accordance with Federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

b. The Contractor shall include the provisions of a. above in every subcontract or purchase order over $10,000, so that the provisions shall be binding upon each subcontractor or vendor.

9. Drug-Free Workplace

a. The Contractor acknowledges and certifies that it understands that the following acts by the Contractor, its employees, and/or agents performing services on State property are prohibited:

(1) The unlawful manufacture, distribution, dispensing, possession or use of alcohol or other drugs; and

(2) Any impairment or incapacitation from the use of alcohol or other drugs (except the use of drugs for legitimate medical purposes).

b. The Contractor further acknowledges and certifies that it understands that a violation of these prohibitions constitutes a breach of contract and may result in default action being taken by the Commonwealth in addition to any criminal penalties that may result from such conduct.

10. Subcontracts

The Contractor may subcontract a portion of the work specified in the contract. The Contractor shall, however, remain fully liable and responsible for ensuring that those with which it contracts comply with all requirements of Part C of the Individuals with Disabilities Education Act and with the provisions of this contract.

11. Assignment of Contract

A contract shall not be assignable by the Contractor in whole or in part without the written consent of the Commonwealth.

12. Cancellation of Contract

The Contracting Agency reserves the right to cancel and terminate any resulting contract, in whole or in part, without penalty, upon sixty (60) days written notice to the Contractor. Any contract cancellation notice shall not relieve the Contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation. In the event of cancellation, the Contracting Agency shall be liable for only those services delivered through the date cancellation is effective.

13. Modification of Contract

Should the Contracting Agency find it necessary to modify this contract at any time during the contract term, such modifications shall be in writing and implemented only upon the written

agreement of both the Contracting Agency and the Contractor. Modifications which may be implemented by the Contracting Agency include, but are not be limited to, the scope of work, deliverables and compensation.

14. Contract Renewal
This contract may be renewed for four (4) consecutive 12-month periods upon mutual agreement of all parties.

15. Confidentiality
The Contractor assures that information and data obtained as to personal facts and circumstances related to patients or clients shall be collected and held confidential, during and following the term of this contract, and shall not be divulged without the individual's written consent in accordance with Part C of the Individuals with Disabilities Education Act confidentiality requirements. Any information to be disclosed, except to the Contracting Agency or its designee(s), must be in summary, statistical, or other form which does not identify particular individuals.

B. By authorizing the Contractor to submit this Local Contract for 2000-2001 Continuing Participation in Part C on its behalf, the LICC, which includes the Contractor and all other local participating agencies/ providers, agrees to and shall be bound by the terms and conditions as set forth in A1-15 above.

III. SCOPE OF WORK

A. Contractor

The Contractor, on behalf of the LICC of which it is a part, shall:

1. Purchase or contract for services and disburse funds in accordance with the interagency Part C budget developed by the LICC, of which the Contractor is a part, and approved by the Contracting Agency.

    a. In so doing the Contractor shall ensure adherence to its own requirements, as well as those of the Contracting Agency including Part C of IDEA, for managing funds—including audits, hiring of personnel, and complying with the Virginia Public Procurement Act when contracting for services and/or purchasing supplies/equipment, etc.

    b. The Contractor shall provide accurate and detailed information to the LICC regarding its requirements, as well as those of the Contracting Agency, for procuring services and disbursing funds in order to facilitate interagency decisions and recommendations for use of funds within given parameters.

2. Prepare and submit all reports required by the Contracting Agency in order to request and receive Federal Part C funds allocated to the LICC by the Contracting Agency. Specifically, the Contractor shall:

    a. Prepare an initial Part C expenditure report that reflects both the LICC's approved budget and a request for first quarter funding, the amount of which may not exceed one-fourth of the contract amount.

        NOTE: In lieu of requesting initial start-up funding, the Contractor may, with approval of the LICC, opt to delay its initial request for Part C funds until program expenditures have been incurred (i.e., to request reimbursement as opposed to funding "up-front"). Contractors conducting business in this manner may request funding to match the amount of expenditures incurred.

    b. Prepare subsequent Part C expenditure reports, as needed, in order to request and receive additional disbursements. Such reports may be submitted to the Contracting Agency as soon as expenditures-to-date equal or exceed seventy-five percent (75%) of funds previously requested by the Contractor on behalf of the LICC.

    c. Prepare quarterly Part C expenditures reports that reflect expenditures incurred during each quarter of the implementation year (10/1/00-9/30/01) as follows:

        (1) First quarter report (10/01/00-12/31/00)
        (2) Second quarter report (01/01/01-03/31/01)
        (3) Third quarter report (04/01/01-06/30/01)
        (4) Fourth quarter report (07/01/01-09/30/01)

        NOTE: Quarterly Part C expenditure reports must be prepared and submitted to the Contracting Agency no later than forty-five (45) days following the close of each quarter.

    d. Prepare a final Part C expenditure report that reflects expenditures for the period 10/01/01through 12/31/01 on those items obligated prior to 09/30/01. This final report must be submitted no later than February 16, 2002.

B. LICC

The LICC, which includes the Contractor and all other local participating agencies/providers, shall complete the following activities:

1. ADMINISTRATION:

a. Fully implement all Federal, State and local Part C policies and procedures to ensure that an interagency system of early intervention services is in effect for Part C eligible children and their families that will provide the greatest personal outcomes for children and families while minimizing the burden on the taxpayer. This includes the implementation of family-centered services within the context of natural environments.

b. Re-evaluate local policies and procedures annually and revise as needed to ensure effectiveness. Provide the most current version to Virginia Babies Can't Wait Technical Assistance Consultant for technical assistance purposes.

c. Implement, review and revise the signed local interagency agreement(s), contract(s), and memoranda of understanding, as necessary, to ensure that all local participating agencies/providers agree to comply with Part C requirements when providing Part C services.

d. Ensure that the LICC has both a council chairperson and council coordinator (in accordance with local operational procedures) and implement operational procedures for the core group and council (including reviewing and revising as needed).

e. Fully implement local mechanisms to meet Part C assurances, including review and revision as needed.

f. Identify potential informal resources and supports within the community (e.g. process of community mapping) and add, as necessary, formal resources and supports (e.g. third party payors, local participating agencies/ providers) to local early intervention systems in order to ensure payor of last resort provisions are met and to increase service capacity.

g. Establish and implement local interagency agreement(s), contract(s), and memoranda of understanding with additional local public and private agencies/providers, as necessary, to ensure compliance with the payor of last resort provision and to meet the needs of children and their families (IFSP and other services).

h. Access all appropriate sources of funding and services prior to the use of Federal Part C funds for early intervention services or activities including but not limited to:

(1) Medicaid — Medicaid-eligible children must receive early intervention services from Medicaid providers. Early intervention services may be covered based on eligibility and other factors through Medallion I, Medallion II, the MR Community-based Waiver, Technology Assisted Waiver, Elderly and Disabled Waiver, State Plan Services (including SPO Case Management, occupational therapy, physical therapy, speech-language pathology, etc.), EPSDT, etc.;

(2) Other Federal funds, including CHAMPUS/TriCare;

(3) State General Funds;

(4) Local government funds;

(5) Private funds, including private third party insurance; and

(6) All other locally-identified sources of funding.

i. Develop, manage and revise local Part C budgets, as necessary, in accordance with Contracting Agency requirements and procedures. A LICC may revise up to 10% of its budget without the approval of the Contracting Agency. Revisions, either singular or cumulative, exceeding 10% of the amount of this Contract must be submitted in writing to the Contracting Agency and approved prior to the use of funds for newly proposed expenditures.

j. Make available and maintain all necessary computer resources to ensure: a) the council coordinator's communication with the state office (e.g., email and Internet access); b) the completion of all necessary written activities for compliance with this contract; and c) the management of data required for MIMS and other required/requested data needs (see Appendix B for required data elements) via Microsoft Access Software or other software as provided by the state.

k. Respond to data requests from the Contracting Agency including, but not limited to, federal- and State-required data, including personnel data as captured by the "Personnel Table" and child data as captured on the Individual Child Data Form, and other requested data captured via other methods as developed and implemented in Virginia and in accordance with timelines established by the Contracting Agency.

NOTE: The Contracting Agency agrees to delineate between those data requests to which a response is required (e.g., federally-required, State-required, requested by the Virginia legislature) and those to which a response is not required, per se, but necessary for the purpose of making informed policy decision. It is expected that LICCs will meet the established timelines for responding to required data elements/reports. LICCs are encouraged to respond in a reasonably expeditious manner to those requests for data identified as not required.

2. PERSONNEL

a. Ensure that all local participating agencies utilize hiring practices for employing early intervention personnel that meet Component IX, Personnel Standards in *Virginia Policies and Procedures for the Implementation of Part C of the Individuals with Disabilities Education Act* and provide the following documentation:

(1) Identify the personnel currently employed who do not meet a highest standard or who are "early intervention generalists", according to Component IX, Personnel Standards Table and submit by December 31, 2000.

(2) Complete the required documentation to assure that early intervention personnel who do not meet a highest standard when hired complete necessary course work within three years to meet a highest standard.

(3) Complete the required documentation to identify those persons employed as early intervention assistants who are in the process of achieving approval of their qualifications within eighteen months from their date of hire.

b. Implement training activities to enhance the local Part C system by:

(1) Identifying local technical assistance and training needs;

(2) Enhancing the ability of interagency personnel from various agencies to provide Part C services as well as to meet Part C Indicators of Recommended Practice; and

(3) Disseminating and collecting Indicators of Recommended Practice self-assessment summaries from Part C personnel.

3. SERVICE DELIVERY:

a. Utilize consistent statewide forms (see Appendix C) in accordance with state guidance, including but not limited to:

(1) "Individualized Family Service Plan (IFSP)" Form

(2) "Notice and Consent for Initial Evaluation/Assessment" Form

(3) "Confirmation of Initial Evaluation and Assessment Schedule" Form

(4) "Confirmation of Individualized Family Service Plan (IFSP) Schedule" Form

(5) "Confirmation of Evaluation/Assessment and Individualized Family Service Plan (IFSP) Meeting Form (optional)

(6) "Declining Early Intervention Services" Form

(7) "Parental Prior Notice" Form

(8) "Notice of Child and Family Rights in the Virginia Babies Can't Wait! Part C Early Intervention System"

b. Develop a plan by October 15, 2000 that identifies the steps that the LICC and its local participating agencies are taking to ensure full compliance with the natural environment requirements as outlined in the April 1999 and May 2000 state training and in available technical assistance materials. The plan shall be in compliance with guidelines provided to local councils in May 2000 (see Appendix C).

c. Assist families in accessing formal and informal supports and community resources (including third party and other financial resources) to promote attainment of IFSP outcomes through various learning opportunities that naturally occur during the family's typical daily activities and routines.

d. Develop and implement specific family support activities to promote family-centered practices and family participation/involvement in all aspects of the early intervention system. Such activities should be designed to: a) enhance each family's capacity to support their child's development and learning; b) support families in making informed decisions; c) empower families to gain self-sufficiency and independence; and d) facilitate full integration of the family in the community.

e. Utilize public awareness materials disseminated by Virginia Babies Can't Wait! Early Intervention Office to ensure a consistent statewide public awareness campaign. This includes adopting and utilizing the consistent statewide identity and logo in the local early intervention system.

4. MONITORING AND IMPROVEMENT

a. Participate in Virginia's Monitoring and Improvement Measurement System (MIMS) to: a) ensure that local Part C systems are accountable to the children and families they serve; b) assure quality and efficiency while also assuring that Federal, State and local Part C guidelines and regulations are met; and c) promote local quality improvement of early intervention services.

(1) Implement the statewide family survey with guidance and technical assistance from the State.

(a) Participate in design and implementation of a local data tracking system for the family survey, with further guidance and technical assistance from the State.

(b) Submit data as family surveys are completed or at least quarterly.

(2) Implement all procedures, data elements, and other requirements related to MIMS including completion of the self-study process and full participation in the State on-site review process in accordance with established MIMS procedures and timelines.

(3) Implement the Local Plan of Improvement as approved by the State Review team in conjunction with the MIMS process with support and technical assistance from the State as indicated.

(4) Implement procedures for completing and submitting Individual Child Data Forms (ICDFs) for the December 1st child count including the child count verification process. Submit forms as IFSPs are completed or at least quarterly.

(5) Prepare for randomly selected State-level financial audit of Part C funds.

b. In accordance with the U.S. Department of Education, Office of Special Education Programs (OSEP) performance indicators, based on data being reported in Virginia by localities to the State via the Individual Child Data Form (ICDF) and "Families Count: Virginia's Family Survey", the local council will review data compilations and take the appropriate steps to:

(1) Ensure that all children eligible to receive services under Part C are identified and served as indicated by:

(a) Increasing the number of eligible infants and toddlers with disabilities being served (ICDF);

(b) Increasing the number of children referred for evaluation and assessment by pediatricians, hospitals, and public health agencies at the local level (ICDF; Virginia's Family Survey); and

(c) Increasing the percent of birth to 1-year-olds served of the total number of birth to 3-year-olds served (from the 1995 level) (ICDF).

(2) Ensure that the needs of children and families are addressed in a timely, comprehensive manner as indicated by an:

(a) Increased percentage of families who report that their services were coordinated (Virginia's Family Survey).

(b) Increase in the percent of children who are primarily receiving services in natural settings appropriate for the age of the child (ICDF & IFSP reviews).

(3) Ensure that the ability of families to meet the needs of their infants and toddlers with disabilities is strengthened as indicated by an:

(a) Increase in percent of families who report that early intervention has increased the family's capacity to enhance its child's development (Virginia's Family Survey).

IV. DELIVERABLES

A. Contractor

The Contractor, on behalf of the LICC of which it is a part, shall provide to the Contracting Agency the following:

1. Executed contract documents as specified on the Contract form included herein.

   NOTE: Although the Contractor is submitting the executed contract documents on behalf of the LICC, the Contractor is not solely responsible for completing all of the contract documents, many of which require input and collaboration of the LICC.

2. Completed Part C expenditure reports as specified in Section III - Scope of Work, A, 2a-d of this Contract.

   NOTE: In that signature of the LICC coordinator is required on each submitted Part C expenditure report, the Contractor may choose to complete the report(s), sign, and then forward to the LICC coordinator for review, signature, and submission.

B. LICC

The LICC, which includes the Contractor and all other local participating agencies/providers, shall provide to the Contracting Agency the following:

1. A progress report on the status of local Part C system implementation that addresses the effectiveness of local policies and procedures that have impacted identification of eligible children, families access to early intervention services and community supports, and implementation of early intervention services and supports. The report shall:

   a. Highlight progress made during the contract year on each scope of work activity including the identification of local implementation successes, barriers to system implementation, and plans and strategies to build on successes and overcome the barriers;

   b. Include an overview of the process followed for completing an annual review of the effectiveness of local policies and procedures, local interagency agreement(s), contract(s), and memoranda of understanding; and

   c. Identify the total amount of dollars accessed for local early intervention services provided by the LICC and its local participating agencies for each of the following funding sources (based upon the state fiscal year July 1, 2000 to June 30, 2001) :

      (1) Medicaid: SPO, Waivers, and all other Medicaid funded services;

      (2) Other Federal funds, including CHAMPUS/TriCare;

      (3) State General Funds;

      (4) Local government funds;

      (5) Private funds, including private third party insurance;

      (6) Family Fees; and

      (7) All other locally-identified sources of funding.

d. Document progress made on all activities identified in the Local Plan of Improvement developed as part of MIMS.

NOTE: The progress report is to be completed and submitted as part of the Local Contract for 2001-2002 Continuing Participation in Part C.

NOTE: Any revisions to local policies and procedures, as well as any modified or newly-developed local interagency agreement(s), contract(s), and memoranda of understanding, shall accompany submission of each local report.

2. Data including, but not limited to, federal- and State-required data including: personnel data in accordance with the "Personnel Table" and Section III - Scope of Work, B,2,a of this contract; monitoring data in accordance with the "Families Count: Virginia's Family Survey" and any local self-study and other monitoring requirements including MIMS checklists; child data as captured on the "Individual Child Data Form (ICDF)" and other requested data via other methods as developed and implemented in Virginia and in accordance with timelines established by the Contracting Agency (see Appendix B for required data reports).

3. Revised local Part C budgets, as necessary, in accordance with Contracting Agency requirements and procedures.

4. Any and all materials required to be completed for monitoring and evaluation.

5. The plan that identifies the steps the LICC and its local participating agencies are taking to ensure full compliance with the natural environment requirements as specified in Section III - Scope of Work, B,3,b of this contract.

Appendix A

This Appendix is provided for purposes of clarification only.

1. Purpose of Contract
   The Local Contract for Continuing Participation in Part C Early Intervention for Infants and Toddlers with Disabilities and Their Families was introduced in 1998 as the mechanism by which local interagency coordinating councils (LICCs) apply for and receive funding under Part C of the Individuals with Disabilities Education Act (IDEA), which is administered at the State level by the Virginia Part C Lead Agency, the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). This mechanism replaces the "local application" which was utilized in previous years and through which local Part C subgrants were awarded. This mechanism meets requirements of the Virginia Public Procurement Act (VPPA).

2. Local Fiscal Agent/Intermediary
   The term *Local Fiscal Agent/Intermediary* refers to the local public entity that receives the Federal Part C funds from the Part C Lead Agency on behalf of the LICC and carries out the activities related to the administration of these funds. The term is found in Virginia's Part C Policies and Procedures and has been approved by the U.S. Department of Education, Office of Special Education Programs (OSEP). The intent of this term is to specify that the Contractor (i.e., the Local Fiscal Agent/Intermediary) must have contracts or agreements in place with any public or private agency with which the Contractor provides Part C funds in order to ensure accountability and compliance with Part C provisions related to the use of funds and as appropriate to those requirements related to the services being provided. It is expected that the Contractor will include such requirements in agreements/contracts with any local public or private agencies that receive these funds from the Contractor. In addition, if Part C funds are provided to private entities, the Contractor must comply with the VPPA. The Contractor is not expected to be responsible for the compliance or accountability of agencies that do not receive funds from the Contractor; the Contractor has no legal authority for ensuring or enforcing compliance of Part C requirements or the terms of this contract with any public or private agency except those with which the Contractor has established contracts for the disbursement of Part C funds or agreements for delineation of responsibilities. For those agencies that do not receive Part C funds but that do have responsibility in the Part C system, interagency agreements or memoranda of understanding among the local participating public and private agencies/ providers are required to ensure that Part C activities are carried out. These agreements should be monitored by the LICC as a component of the Part C monitoring system.

3. Damages
   This contract describes no damages or consequences as a result of breach of the contract by the parties, or any appeal process in the event of a conflict between the parties regarding a claimed breach. The understanding and intent of the parties is that, in the event of a breach by a local program, the State's response shall be to offer technical assistance and support to bring the local program into compliance with the contract, which reflects Federal requirements for the Part C program. This is consistent with the Part C Lead Agency's practice in past years, when the arrangement between the State and local programs was managed through subgrant awards rather than through a formal contract. If the State finds that a local program is unable to bring its practices into compliance with the requirements of the contract, the State may seek another agency and local interagency coordinating council to manage the delivery of Part C services in the locality, and deny further funding to the noncompliant program(s).

4. Signatures
   By signing this contract, the local participating agencies/providers are not assuming responsibility for the actions of the local public agency serving as Local Fiscal Agent/Intermediary ("Contractor). Rather, by signing they are agreeing to carry out their responsibilities as members of the LICC, which involve planning, policy, and review for the overall program, but do not involve day-to-day operations and oversight. Signature also implies accountability for the scope of work and deliverables required of the LICC.

SUBMISSION STATEMENT

The Contractor agrees to perform all services in compliance with all fiscal requirements of this contract and all terms and conditions imposed herein as well as all fiscal requirements of Part C of the Individuals with Disabilities Education Act (42 USC 1478 et seq).

Contact Person for Contractor (Fiscal Agency)	Telephone Number
Name of Fiscal Agency	
Street Address	Fax Number
City, State, Zip Code	E-Mail Address

LOCAL PARTICIPATING AGENCY/PROVIDER SIGNATURES

We, the undersigned members of the

_____

(LICC)

as representatives for the local participating agencies/providers, agree to abide by all of the terms and conditions for continuing participation in Part C of the Individuals with Disabilities Education Act (IDEA), early intervention for infants and toddlers (birth to age three) with disabilities and their families, as provided in the documents listed on page one of this Contract.

_____

Printed Name of Local Interagency Coordinating Council Chairperson

_____ _____

Signature Date

_____

Printed Name of Local Interagency Coordinating Council Coordinator

_____ _____

Signature Date

_____

Printed Name of Individual and Local Participating Agency/Provider

_____ _____

Signature Date

_____

Printed Name of Individual and Local Participating Agency/Provider

_____ _____

Signature Date

_____

Printed Name of Individual and Local Participating Agency/Provider

_____ _____

Signature Date

[Duplicate this page as needed.]

Printed Name of Individual and Local Participating Agency/Provider

Signature Date

Printed Name of Individual and Local Participating Agency/Provider

Signature Date

Printed Name of Individual and Local Participating Agency/Provider

Signature Date

Printed Name of Individual and Local Participating Agency/Provider

Signature Date

Printed Name of Individual and Local Participating Agency/Provider

Signature Date

Printed Name of Individual and Local Participating Agency/Provider

Signature

Date

BUDGET JUSTIFICATION NARRATIVE

Using a paragraph for each budget category, explain in detail the use of funds.

2000-2001 LOCAL PART C INTERAGENCY BUDGET

	Total Part C	CSB	Non-CSB Inf Prog	LEA	DoH	DVH	DSS	Hospital	Other	Other
Administration										

	Total Part C	CSB	Non-CSB Inf Prog	LEA	DoH	DVH	DSS	Hospital	Other	Other
Council Op										

	Total Part C	CSB	Non-CSB Inf Prog	LEA	DoH	DVH	DSS	Hospital	Other	Other
Systems Comp										
Training/Pers										
Family Support										
Child Find										
Public Aware										
Data Collection										
Transition										

	Total Part C	CSB	Non-CSB Inf Prog	LEA	DoH	DVH	DSS	Hospital	Other	Other
Direct Services										
Assistive										
Audiology										
Eval & Asses										
Family T&C										
Health Svcs										
Nursing Svcs										
Nutrition										
OT										
PT										
Psych Svcs										
Respite										
Service Coord										
Social Work										
Special Instr										
Speech-Lang										
Transport										
Vision Svcs										

Purch of Svc									

PERSONNEL TABLE

Number and Type of Personnel (in Full Time Equivalency FTE) and Additional Personnel Needed to Provide Early Intervention Services for Infants and Toddlers with Disabilities and Their Families

1999-2000 (Form Expires 12/31/00)

Locality: _____

Early Intervention Services Personnel	(A) FTE Employed and Contracted	(B) FTE Needed
Audiologists		
Nurses		
Nutritionists		
Occupational Therapists		
Orientation and Mobility Specialists		
Paraprofessionals		
Pediatricians		
Physical Therapists		
Physicians (Other than Pediatricians)		
Psychologists		
Social Workers		
Special Educators		
Speech and Language Pathologists		
Other Professional Staff:		
Counselor		
Certified Therapeutic Recreation Ther.		
Educational Interpreter		
Generalist		

TOTAL		

Appendix B

Of

Local Contract For 2000-2001 Continuing Participation in Part C

Contains

REQUIRED DATA REPORTS:

Individual Child Data Form - Part C (revised 1/99)

Indicators of Recommended Practice: Self-Assessment of Training Needs Related to Part H Service in Virginia (11/16/93)

Monitoring and Improvement Measurement System Self-Study Materials - June 2000: Introductory Materials
Family Surveys
MIMS Indicators 2000
Written Plan of Improvement
State Review Process

Appendix C

Of

Local Contract for 2000-2001 Continuing Participation in Part C

Contains

PLAN FOR FULL IMPLEMENTATION OF NATURAL ENVIRONMENTS REQUIREMENTS

Virginia Interagency Coordinating Council

VICC Membership Role: Parents

Ms. Rose Stith-Singleton
2708 E. Grace Street
Richmond, VA 23223
Work Phone: (804) 646-3338
Home Phone: (804) 788-4660
Fax Number: (804) 783-0940
Email Address: Rosesing99@aol.com

Ms. Betty Vincent-Williams
VCU Headstart
327 W. Main Street
P.O. Box 842027
Richmond, VA 23284
Work Phone: (804) 827-1050
Home Phone: (804) 233-2851
Fax Number: (804) 828-8482
Email Address: bvwillia@vcu.edu

Ms. Cherie Rei Takemoto
PEATC
6320 Augusta Drive Suite 1200
Springfield, VA 221502503
Work Phone: (703) 923-0010
Home Phone: (703) 237-8414
Fax Number: (703) 923-0030
Email Address: takemoto@peatc.org

VICC Membership Role: Legislator

Del. Mary T. Christian
1104 West Avenue
Hampton, VA 23669
Home Phone: (757) 723-2673

VICC Membership Role: Personnel Preparation

Dr. Helen Bessant-Byrd
Special Education Department, Norfolk State
700 Park Avenue
Norfolk, VA 23504
Work Phone: (757) 823-8733
Home Phone: (757) 853-6553
Fax Number: (757) 823-8733
Email Address: hbyrd@nsu.edu

Dr. Anne Stewart
School of Psychology
MCC 7401
JMU
Harrisonburg, VA 22807
Work Phone: (540) 568-6601
Home Phone: (540) 564-1982
Fax Number: (540) 568-3322
Email Address: STEWARAL@JMU.EDU

VICC Membership Role: Providers

Dr. James Blackman
Kluge Children's Rahabilitation Center
2270 Ivy Road
Charlottesville, VA 22903
Work Phone: (804) 924-0245
Fax Number: (804) 924-2780
Email Address: jab5u.virginia.edu

Ms. Brenda Laws
Parent Infant Program on the Shore
P.O. Box 70
15150 Merry Cat Lane
Belle Haven, VA 23306
Work Phone: (757) 442-7599
Home Phone: (757) 824-0795
Fax Number: (757) 442-4578
Email Address: bllaws@yahoo.com

Ms Barbara Mease
The Texie Camp Mark's Children's Center
700 Campbell Avenue
Franklin, VA 23851
Work Phone: (757) 562-6806
Home Phone: (757) 569-9844
Fax Number: (757) 562-2992
Email Address: Children@beldar.com

Virginia Interagency Coordinating Council

VICC Membership Role: Agency Representatives

Ms. Pat Dewey
Virginia Department of Health
P.O. box 2448
Richmond, VA 232182448
Work Phone: (804) 786-1964
email Address: pdewey@vdh.state.va.us

Ms. Yolanda Tennyson
State Corporation Commission
1300 E. Main Street, 5th Floor
Richmond, VA 23219
Work Phone: (804) 371-9388
Fax Number: (804) 371-9944
Email Address: ytennyson@scc.state.va.us

Ms. Pat Abrams
Department of Education
James Monroe Building
101 N. 14th Street
Richmond, VA 232162120
Work Phone: (804) 225-2707
Fax Number: (804) 371-8796
Email Address: pabrams@pen.k12.va.us

Ms. Pam Johnson
Department for Rights of Virginians with Disabilities
Ninth Street Office Building
202 North 9th Street, 9th Floor
Richmond, VA 23219
Work Phone: (804) 225-3232
Fax Number: (804) 225-3221
Email Address: johnsopj@drvd.state.va.us

Ms. Leslie Hutcheson
Department for the Deaf and Hard of Hearing
1602 Rolling Hills Drive, Suite 203
Richmond, VA 232295012
Work Phone: (804) 662-9703
Fax Number: (804) 662-9718
Email Address: hutchelg@ddhh.state.va.us

Mr. Jack Quigley
Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219
Work Phone: (804) 225-2873
Fax Number: (804) 786-0973
Email Address: jquigley@dmas.state.va.us

Mr. Forrest Mercer
Department of Social Services
730 E. Broad Street
Richmond, VA 23230
Work Phone: (804) 692-1297
Fax Number: (804) 692-1284
Email Address: FAM2@email1.dss.state.va.us

Ms. Shirley Ricks
DMHMRSAS
1220 Bank Street, 9th Floor
P.O. Box 1797
Richmond, VA 23219
Work Phone: (804) 786-0992
Mobile Phone: (804) 256-0597
Fax Number: (804) 371-7959
Email Address: sricks@dmhmrsas.state.va.us

Mr. Glen Slonneger
Department for the Blind and Vision Impaired
397 Azalea Avenue
Richmond, VA 23219
Work Phone: (804) 371-3113
Fax Number: (804) 371-3351
Email Address: SlonneGR@DBVI.State.VA.US

BY-LAWS

State Interagency Coordinating Council

Article I - Name

The name of this body is the Virginia Interagency Coordinating Council for Early Intervention Services, hereinafter to be referred to as the Council.

Article II - Legal Base

Section 1: Legal Base

The *Individuals with Disabilities Education Act (IDEA)*, Part C Individuals with Disabilities Education Act Amendments of 1997, provides the legal base for the composition and duties of the Council.

Section 2: Purpose

As noted in the *Code of Virginia*, *Section 2.1-765* the duties of the Council shall include advising and assisting the lead agency (Department of Mental Health, Mental Retardation and Substance Abuse Services) in the following:

1. Performing its responsibilities for the early intervention system;

2. Identifying sources of fiscal and other support for early intervention services, recommending financial responsibility arrangements among agencies, and promoting interagency agreements;

3. Developing strategies to encourage full participation, coordination, and cooperation of all appropriate agencies;

4. Resolving interagency disputes;

5. Gathering information about problems that impede timely and effective service delivery and taking steps to ensure that any identified policy problems are resolved:

6. Preparing federal grant applications; and

7. Certifying an annual report to the Governor and the U.S. Secretary of Education on the status of early intervention services within the Commonwealth, in accordance with an Office of Management and Budget directive

.

Article III - Membership

Section 1: Council Composition

In accordance with the *Individuals with Disabilities Education Act Amendments of 1997,* Part C, Section 641(b), The Governor shall appoint 29 members. The composition of the council shall be:

1. Nine parents, seven of whom have children 12 years of age or younger with disabilities, and others who have direct knowledge of or experience with programs for infants and toddlers with disabilities, including at least one parent of an infant or toddler with a disability or of a child aged 6 or under with a disability (or at least 20% of the total membership);

2. Six public or private providers of early intervention services, with at least one being a local council coordinator (or at least 20 % of the total membership);

3. One State legislator;

4. Two people involved in personnel preparation (or a minimum of one person);

5. One person representing a Head Start agency or program in the State; and

6. One representative each from the State agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and who shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies including:

    * Bureau of Insurance of the State Corporation Commission

    * Virginia Department for Rights of Virginians with Disabilities

    * Virginia Department for the Deaf and Hard of Hearing

    * Virginia Department for the Visually Handicapped

    * Virginia Department of Education

    * Virginia Department of Health

    * Virginia Department of Medical Assistance Services

    * Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services

    * Virginia Department of Social Services

7. One person representing a third party private insurer or HMO agency providing coverage for early intervention services.

The Department of Education is responsible for preschool services to children with disabilities; the Department of Social Services is the state agency responsible for child care. The Bureau of Insurance of the State Corporation Commission is responsible for the governance of health insurance.

These representatives shall participate in all Council activities. The parent and provider members of the Council shall represent the broad geographic and cultural diversity of the Commonwealth.

In addition, four parents and two providers, who meet the qualifications above, will be appointed by the Governor to serve as alternates for parents and providers, respectively, who are full members and unable to attend a full VICC meeting. The alternates will serve on a rotating basis and will receive prior notice that their attendance is requested.

Section 2: Terms of Office

Non state agency members of the Council shall be appointed by the Governor for three-year terms. Non agency members may be reappointed for one additional three-year term. Initially, terms of office for current non state agency VICC members will be determined by a lottery for three-year, two-year, and one-year terms. If a category consists of one member, that member will be appointed to a three-year term. If the category consists of two members, one will be appointed for a three-year term and the second for a two-year term. State agency members are designated by their agency heads and are appointed by the Governor.

If a non state agency VICC member resigns, a replacement will be appointed by the Governor to complete that term. The replacement may subsequently be reappointed for one three-year term.

Article IV - Organization

Section 1: Officers

The Governor shall require the council to so designate a member of the council to serve as the Chair. Any member of the council who is a representative of the lead agency may not serve as the Chair of the council. Officers of the Council shall consist of Chair, Vice-Chair, and Secretary.

Section 2: Terms of Office

The Chair, Vice-Chair, and Secretary shall be elected. Elected officers shall have a one-year term of office and may serve any number of consecutive terms.

Section 3: Election

Nominations for the positions of Chair, Vice-Chair and Secretary shall be presented to the Council in writing one month prior to the last meeting of the Federal Fiscal Year
(October 1 - September 30) for election at that meeting. An affirmative vote of a majority of the Council shall be required for election of officers. Officers begin their term at the beginning of October, following their election. Vacancies occurring in unexpired terms of elected officers shall be filled through a by-election process for the remainder of that term.

Section 4: Duties of Officers

Chair. The Chair shall preside at all meetings of the Council and shall be an ex-officio member of all committees. The Chair shall be the official representative of the Council, but may delegate this responsibility when appropriate and necessary. The Chair shall work closely with Lead Agency staff and shall perform all other duties incident to the Office of the Chair.

Vice-Chair. In the absence of the Chair, the Vice-Chair shall perform the duties of the Chair, and when so acting shall have all the powers of and be subject to all restrictions upon the Chair.

Secretary. In the absence of the Chair and the Vice-Chair, the Secretary shall perform the duties of the Chair, and when so acting shall have all the powers of and be subject to all restrictions upon the Chair. During a meeting of the Council, the work of the Secretary is to function as the Parliamentarian, limited to giving advice to the chair and, when requested, to any other member. It is also the duty of the Secretary to call the attention of the chair to any error in the proceedings that may affect the substantive rights of any member or may otherwise do harm. After the Secretary has expressed an opinion on a point, the Chair has the duty to make the final ruling.

Section 5: Steering Committee

A. Composition:

The Steering Committee shall consist of the Chair, Vice-Chair, Secretary, Early Intervention Interagency Management Team representative, Lead Agency Program Director, Program Coordinator, and Standing Committee Chairs or co-chairs. Since the Steering Committee serves as an administrative committee on behalf of the Council, the Standing Committee Chairs, or one of the co-chairs for each standing committee, must be VICC members.

B. Duties

The Steering Committee shall conduct all business matters pertaining to the purposes and administration of the Council and shall keep the Council fully informed of such matters.

C. Meetings and Quorum:

The Chair shall present to the Council a schedule of quarterly Steering Committee meetings. Other meetings

may be called by the Chair for emergency matters. Any four (4) members of the Steering Committee may petition for a meeting to the Chair. All meetings of the Steering Committee will be announced in writing prior to the meeting. Minutes of Steering Committee meetings will be kept and distributed to the Council. The quorum required for a Steering Committee meeting shall be 40% of its voting members.

Article V: Conduct of Meetings

Section 1: Meetings

Regular meetings of the Council will be held at least quarterly. Additional and/or special meetings may be called by the Chair in consultation with the Steering Committee. All meetings will be open to the public and will be announced in the *Virginia Register*.

Section 2: Quorum

In order to establish a quorum for Council meetings, 40% of the members must be present.

Section 3: Voting

Each of the members of the Council shall have one (1) vote. An affirmative vote of a majority of the Council members present is required for the Council to take any official action.

Section 4: Conflict of Interest

"No member of the Council shall cast a vote on any matter which would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under State law." (*Individuals with Disabilities Education Act Amendments of 1997, Section* 641*(f)*).

"No member of the Council may submit a funding request to the Council or otherwise participate in a transaction before the Council in violation of the State and Local Government Conflict of Interest Act (*Code of Virginia*, Section 2.1-639.1 et.seq.)."

Section 5: Reimbursement of Expenses

All reimbursement shall be paid out of funds under Part C of the *Individuals with Disabilities Education Act Amendments of 1997*. All such reimbursement shall be subject to the limitations of funds available to the Council and shall be governed by the Virginia State Travel Regulations.

Article VI - Reports

The Council, through the Steering Committee, shall certify an annual report to the Governor and the U.S. Secretary of Education on the status of early intervention services within the Commonwealth, in accordance with an Office of Management and Budget directive, including agreement or disagreement with the State's Annual Performance Report, and appended additional comments if desired.

Article VII - Committees

Section 1: Committees of the Council

A committee is a body of three or more persons, appointed by the Chair (except where otherwise specified), to give more careful consideration to a task or matter before the Council than is possible by the Council as a whole. A committee has the responsibility of recommending that a specific action be taken by the full Council relative to the tasks or matters referred to Committee. The Council has established three types of committees: the Steering Committee; Standing Committees; and Special Committees. The responsibilities and membership of the Steering Committee are described above and for Standing and Special Committees are described below. Committee membership is not limited to members of the Council and may include other interested citizens. Membership should be as broad as possible.

Section 2: Standing Committees

The terms of the Chair s or co-chairs of the Standing Committees shall coincide with the terms of office of the elected officers and they may serve consecutive terms. Members of standing committees annually elect the Chairs or co-chairs of all committees. Standing Committees of the Council shall be proposed by the officers and established by a vote of the full Council.

Section 3: Special Committees

The Chair, with Steering Committee or full VICC approval, may establish special committees as deemed appropriate and necessary.

Article VIII - Amendments

These bylaws, with the exception of requirements established under federal or state law, may be amended, repealed, or restructured during any regular or special Council meeting by a majority vote of the members present providing that written notice of proposed amendments has been distributed to all Council members ten (10) days prior to the Council meeting.

Article IX

The Rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the Council in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order which the Council may adopt.

Article X

These bylaws were approved by OSEP in Spring 1998. Terminology changes to reflect the change from Part H to Part C were made in February 1999. They were revised by the Virginia Interagency Coordinating

Council 12-8-99.

Contact: George W. Rickman, Jr., Regulatory Coordinator, Department of Housing and Community Development, The Jackson Center, 501 N. Second St., Richmond, VA 23219-1321, telephone (804) 371-7180, FAX (804) 371-9092 or (804) 371-7089/TTY ☎

† March 6, 2000 - Immediately following the 9:30 a.m. public hearings -- Open Meeting
Richmond Marriott, 500 East Broad Street, Richmond, Virginia.

A regular monthly business meeting of the board. Public comment will be received.

Contact: Stephen W. Calhoun, CPA, Senior Policy Analyst, Department of Housing and Community Development, The Jackson Center, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7015, FAX (804) 371-7090 or (804) 371-7089/TTY ☎

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

State Building Code Technical Review Board

† March 17, 2000 - 10 a.m. -- Open Meeting
The Jackson Center, 501 North 2nd Street, 1st Floor Conference Room, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A meeting to hear administrative appeals concerning building and fire codes and other regulations of the Department of Housing and Community Development. The board also issues interpretations and formalizes recommendations to the Board of Housing and Community Development concerning future changes to the regulations.

Contact: Vernon W. Hodge, Secretary, Office of the Review Board, 501 N. 2nd St., Richmond, VA 23219-1321, telephone (804) 371-7180 or (804) 371-7089/TTY ☎

STATEWIDE INDEPENDENT LIVING COUNCIL

† April 5, 2000 - 1 p.m. -- Open Meeting
Independence Empowerment Center, 9001 Bigges Road, Suite 103, Manassas, Virginia. (Interpreter for the deaf provided upon request)

A quarterly meeting. Committee meetings will also be held.

Contact: James A. Rothrock, Statewide Independent Living Council Staff, 1802 Marroit Rd., Richmond, VA 23229, telephone (804) 673-0119 or FAX (804) 282-7118.

VIRGINIA INTERAGENCY COORDINATING COUNCIL

† March 8, 2000 - 9:30 a.m. -- Open Meeting
Henrico Area Community Services Board, 10299 Woodman Road, Building B, Conference Room C, Glen Allen, Virginia. (Interpreter for the deaf provided upon request)

The council meets quarterly to advise and assist the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services as lead agency for Part C (of IDEA), early intervention for infants and toddlers with disabilities and their families. Discussion will focus on issues related to Virginia's implementation of the Part C program.

Contact: LaKeishia L. White, Part C Office Services Specialist, Department of Mental Health, Mental Retardation and Substance Abuse Services, Early Intervention, 9th Floor, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 786-3710 or FAX (804) 371-7959.

DEPARTMENT OF LABOR AND INDUSTRY

Virginia Apprenticeship Council

† March 16, 2000 - 10 a.m. -- Open Meeting
Hermitage High School Technical Center, 8301 Hungary Spring Road, Richmond, Virginia. (Interpreter for the deaf provided upon request)

Agenda items include subcommittee report, report on periodic review of regulations, report of the Virginia Apprenticeship Standards Committee, VCCS Related Instruction Report, USDOL-BAT report, DOLI report, and Apprenticeship Program report.

The council will have an informational retreat for members beginning at noon. This will follow the adjournment of the regular council meeting. Note: No formal vote will be taken during this retreat.

Agenda for the afternoon session is chairman comments, member comments, history and recommendations - Subcommittee (exemption from examination), history and recommendations - Standards Subcommittee, and general discussion on council's future direction.

Contact: Beverley Donati, Assistant Program Director, Department of Labor and Industry, Powers-Taylor Building, 13 S. Thirteenth St., Richmond, VA 23219, telephone (804) 786-2382, FAX (804) 786-8418, (804) 786-2376/TTY ☎, e-mail bgd@doli.state.va.us, homepage http://www.dli.state.va.us.

Virginia Safety and Health Codes Board

March 6, 2000 - 10 a.m. -- Open Meeting
State Corporation Commission, Tyler Building, 1300 East Main Street, Second Floor, Courtroom B, Richmond, Virginia. (Interpreter for the deaf provided upon request)

The agenda may include reports on the periodic review of regulations.

Calendar of Events

HISTORIC RESOURCES BOARD AND STATE REVIEW BOARD

September 13, 2000 - 10 a.m. -- Open Meeting
Virginia Museum of Fine Arts, Boulevard and Grove Avenue, Richmond, Virginia.

A quarterly meeting to consider completed and proposed reports for the National Register of Historic Places and the Virginia Landmarks Register, easements and highway markers.

Contact: Marc C. Wagner, National Register Manager, Department of Historic Resources, 2801 Kensington Avenue, Richmond, VA 23221, telephone (804) 367-2323 ext. 115, FAX (804) 367-2391 or (804) 367-2386/TTY ☎

HOPEWELL INDUSTRIAL SAFETY COUNCIL

September 5, 2000 - 9 a.m. -- Open Meeting
Hopewell Community Center, 100 West City Point Road, Hopewell, Virginia. (Interpreter for the deaf provided upon request)

Local Emergency Preparedness Committee meeting as required by SARA Title III.

Contact: Robert Brown, Emergency Services Coordinator, 300 N. Main Street, Hopewell, VA 23860, telephone (804) 541-2298.

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

September 27, 2000 - 1:30 p.m. -- Open Meeting
James Monroe Building, 101 North 14th Street, 1st Floor, Conference Room B, Richmond, Virginia.

A quarterly meeting of the State Advisory Council. The council will be discussing issues surrounding the state employee health benefits program.

Contact: Anthony Graziano, Director, Office of Health Benefit Programs, Department of Human Resource Management, 101 N. Fourteenth St., 13th Floor, Richmond, VA 23294, telephone (804) 371-7931.

COUNCIL ON HUMAN RIGHTS

November 18, 2000 - 10 a.m. -- Open Meeting
Washington Building, 1100 Bank Street, 12th Floor, Richmond, Virginia. (Interpreter for the deaf provided upon request)

A regular board meeting.

Contact: Sandra D. Norman, Administration/Operations Manager, Council on Human Rights, Washington Bldg., 1100 Bank St., 12th Floor, Richmond, VA 23219, telephone (804) 225-2292, FAX (804) 225-3294, e-mail snorman@chr.state.va.us.

VIRGINIA INTERAGENCY COORDINATING COUNCIL

† September 13, 2000 - 9:30 a.m. -- Open Meeting
Carilion Roanoke Community Hospital, 101 Elm Avenue, S.E., Medical Office Building, Community Room, Roanoke, Virginia. (Interpreter for the deaf provided upon request)

The council meets quarterly to advise and assist the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services as lead agency for Part C (of IDEA), early intervention for infants and toddlers with disabilities and their families. Discussion will focus on issues related to Virginia's implementation of the Part C program.

Contact: LaKeishia L. White, Part C Office Services Specialist, Department of Mental Health, Mental Retardation and Substance Abuse Services, Early Intervention, 9th Floor, P.O. Box 1797, Richmond, VA 23218-1797, telephone (804) 786-3710 or FAX (804) 371-7959.

JAMESTOWN-YORKTOWN FOUNDATION

† November 2, 2000 - Noon -- Open Meeting
† November 3, 2000 - 8:30 a.m. -- Open Meeting
Williamsburg Hospitality House, 415 Richmond Road, Williamsburg, Virginia. (Interpreter for the deaf provided upon request)

Semi-annual board and committee meetings of the Board of Trustees. Specific schedule to be confirmed. No public comment will be heard.

Contact: Laura W. Bailey, Executive Assistant to the Board, Jamestown-Yorktown Foundation, P.O. Box 1607, Williamsburg, VA 23187, telephone (757) 253-4840, FAX (757) 253-5299, (757) 253-7236/TTY ☎, e-mail lwbailey@jyf.state.va.us.

DEPARTMENT OF LABOR AND INDUSTRY

Virginia Apprenticeship Council

September 21, 2000 - 10 a.m. -- Open Meeting
Chesterfield Technical Center, 10101 Courthouse Road, Chesterfield, Virginia. (Interpreter for the deaf provided upon request)

Agenda to be announced.

Contact: Beverley Donati, Assistant Program Manager, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-2382, FAX (804) 786-8418, (804) 786-2376/TTY ☎, e-mail bgd@doli.state.va.us.

COMMONWEALTH of VIRGINIA

Department Of
Mental Health, Mental Retardation and Substance Abuse Services
Post Office Box 1797
Richmond, Virginia 23218-1797

RICHARD E. KELLOGG
COMMISSIONER

Telephone (804)
Voice TDD (804)
www.dmhmrsas

MEMORANDUM

TO Jane D. Chaffin, Registrar of Regulations
Virginia Code Commission

FROM Charline Davidson, Director
Office of Planning and Regulations
Department of Mental Health Mental Retardation and Substance Abuse Services

DATE May 15, 2000

RE NOTICE OF PUBLIC COMMENT PERIOD

Please include the following in the "General Notice" section of the June 5, 2000 Virginia Register of Regulations.

Public comment will be accepted in writing beginning June 19, 2000 through August 19, 2000 on revisions to the Commonwealth of Virginia (1999) Policies & Procedures for the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA). The revisions are necessary to bring the Virginia Policies and Procedures into compliance with federal regulations 34CFR Part 303 for Part C of IDEA, Early Intervention for Infants and Toddlers with Disabilities

For a copy of the Commonwealth of Virginia Policies & Procedures for the Implementation of Part C of IDEA, additional information, and to submit public comment contact:

Beth A. Skufca, Part C Administrative Consultant
DMHMRSAS
Early Intervention Office, 9th Floor
P. O. Box 1797
Richmond VA 23218-1797

Telephone (804) 786-5817
FAX: (804) 371-7959
E-mail bskufca@dmhmrsas.state.va.us

pc Richard E. Kellogg, Commissioner
Ann L. Lucas

Richmond Times-Dispatch
An Affiliate of Media General
P. O. Box 85333
Richmond, Virginia 23293-0001
(804) 649-6000

Commonwealth of Virginia Application for Continued Funding Under Part C of IDEA

Account Num.
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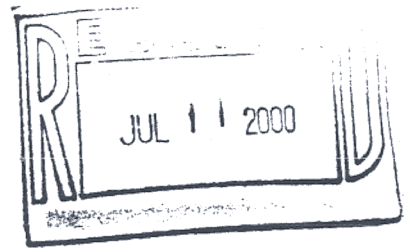

Date
07/03/2000

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07/02/2000	121	PUBLIC HEARING NOTICETHE VIRGINIA DEPAR	2.00 x 23.00	198.55

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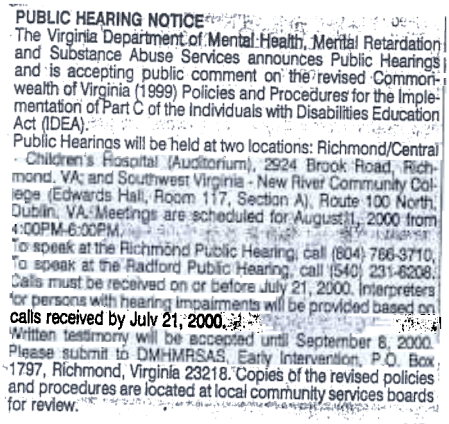

PUBLIC HEARING NOTICE
The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services announces Public Hearings and is accepting public comment on the revised Commonwealth of Virginia (1999) Policies and Procedures for the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA).
Public Hearings will be held at two locations: Richmond/Central - Children's Hospital (Auditorium), 2924 Brook Road, Richmond, VA; and Southwest Virginia - New River Community College (Edwards Hall, Room 117, Section A), Route 100 North, Dublin, VA. Meetings are scheduled for August 31, 2000 from 4:00PM-6:00PM.
To speak at the Richmond Public Hearing, call (804) 786-3710. To speak at the Radford Public Hearing, call (540) 231-6208. Calls must be received on or before July 21, 2000. Interpreters for persons with hearing impairments will be provided based on calls received by July 21, 2000.
Written testimony will be accepted until September 8, 2000. Please submit to DMHMRSAS, Early Intervention, P.O. Box 1797, Richmond, Virginia 23218. Copies of the revised policies and procedures are located at local community services boards for review.

HERE

Media General Operations, Inc.

Publisher of the

RICHMOND TIMES-DISPATCH

This is to certify that the attached PUBLIC HEARING NOTICET was published by the Richmond Times-Dispatch in the City of Richmond, State of Virginia, on the following dates:

07/02/2000

The first insertion being given. 07/02/2000

Sworn to and subscribed before me this 7-7-00

Mary Jeanette Fraser
Notary Public

Susan H Cuccia
Supervisor

State of Virginia
City of Richmond
My Commission expires 03/31/01

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

THE VIRGINIAN-PILOT
NORFOLK, VIRGINIA
AFFIDAVIT OF PUBLICATION

The Virginian-Pilot

DMHMRSAS, VA EARLY INTERV SYS
P.O. BOX 1797
9TH FLOOR
RICHMOND VA 23218

REFERENCE 10126901 Beth Skufca
6T8601800 IDEA

State of Virginia
City of Norfolk

This day, J. Shoultz personally appeared before me and after being duly sworn, made oath that:

1) She is affidavit clerk of The Virginian-Pilot, a newspaper published by Landmark Communications Inc., in the cities of Norfolk, Portsmouth, Chesapeake, Suffolk, and Virginia Beach, State of Virginia. 2) That the advertisement hereto annexed has been published in said newspaper on the date stated.

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PUBLISHED ON: 07/02

TOTAL COST: 142.60 AD SPACE: 46 LINE
FILED ON: 07/07/00

Legal Affiant: [signature]

Subscribed and sworn to before me in my city and state on the day and year aforesaid this 12 day of July.

Notary: [signature] My commission expires January 31, 2004

The Roanoke Times
Roanoke, Virginia

Affidavit of Publication
The Roanoke Times

VA. EARLY INTERVENTION
PO BOX 1707
DMHMRSAS - 9TH FLOOR
RICHMOND VA 23218

REFERENCE: 80045448 PART C IDEA
01454581 PUBLIC HEARING NOTI

State of Virginia
City of Roanoke

I, (the undersigned) an authorized representative of the Times-World Corporation, which corporation is publisher of the Roanoke Times, a daily newspaper published in Roanoke, in the State of Virginia, do certify that the annexed notice was published in said newspapers on the following dates:

City/County of Roanoke, Commonwealth/State of Virginia.
Sworn and subscribed before me this 13th day of July 2000. Witness my hand and official seal.
Shari B. Love, Notary Public

My commission expires July 31, 2004

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(1454581)

PUBLISHED ON 07/02

TOTAL COST: 112.84
FILED ON: 07/05/00

THE Journal NEWSPAPERS

PROOF OF PUBLICATION

I, Ryan E. Phillips, Publisher of the
FFX, ARL, ALEX, PW, MTG, & PG,
a newspaper in the County/City of FX,ARL, ARL, PW, MTG, PG published in the English language, and having a bona fide list of paid subscribers located in the aforementioned County/City, and entered as second class matter under the Postal Laws and Regulations of the United States of America for 52 successive weeks or more prior to the issue of 07/02/2000,
certify that the notice of
PUBLIC HEARINGS 8/1
for
VA DMHMRSAS
attached hereto has been published in said newspaper
1 times for 1 issues
consecutive, commencing with the issue of 07/02/2000.

Ryan E. Phillips

RYAN E. PHILLIPS

Sworn to and subscribed before me this 3rd day of July, 2000.

My commission expires
FEB 28 2001

Ad number: 499042
End date: 07/02/2000
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BETH A. SKUFCA

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July 2, 2000 VOP499042

PUBLIC COMMENT SUMMARY AND RESPONSE

Comments made in 2000
on the
1999 Commonwealth of Virginia Policies and Procedures for the Implementation of Part C of the Individuals with Disabilities Education Act (IDEA)

General Application Requirements – A. Definitions

Comment
Regarding A – Definitions, Local Fiscal Agent/Intermediary – Suggest deleting the redundant "…at the local level" and change the word "can" to "must" in the second sentence.

Discussion
The Part C Lead Agency agrees with the suggestions.

Action
Definition 37 wording has been changed to read: "A local fiscal agent/intermediary is designated by each local interagency coordinating council to administer local Part C interagency funds. The local fiscal agent/intermediary must be any public agency willing to administer the funds and carry out specified duties."

Comment
Regarding A – Definitions, Parent - the indication is that a "foster parent" has a "…*long-term parental relationship with the child*", which could be widely interpreted. If the child is very young, it may not have been possible to have a "long-term" relationship. Consider wording that reflects that the foster parent has entered into a parental relationship with the child.

Discussion
This is federal regulatory language; therefore, no change is indicated.

Action
No change

General Application Requirements – B. Infrastructure

Comment
Public comment noted that currently "Each LICC is strongly encouraged to be staffed by a local council coordinator." The comment suggests that each LICC be required to have a coordinator, especially with the local monitoring and supervision system being in place.

Discussion
Title 2.1 of the Code of Virginia codifies the local interagency coordinating council. The structure of the local council with regard to bylaws and operational procedures is determined at the local level. Virginia's Policies and Procedures allow the local council to determine the staffing pattern for the council.

Action
No change.

General Application Requirements – D. Description of the Use of Funds

Comments
The following comments were noted: 1) No budgetary information (dollars or justification) for Cultural Diversity was located in budget; 2) HPITP has $75,000 allocated; however, we do not hear anything about this project. Is it possible to receive an update on this project? 3) The concept of having a Regional Family Representative is excellent. The eight hours a month, however, do not appear sufficient to accomplish anything when the geographic territory is extensive.

Discussion
The Cultural Diversity project is funded with one-time funds as a short-term project, with the feasibility of moving the project into the base budget, as more funds become available in the future. The priority for Part C funds is for direct services to children and families, and to ensure that children receive their entitled services.

An update will be disseminated in the near future on the Virginia Department of Health's initiative to integrate multiple tracking systems.

The expansion of hours for the Regional Family Representatives would require additional budget expenditures. This item will be considered as more funds become available.

Action
No change.

Component I – State Definition of Developmental Delay

Comment
There is inconsistency throughout the document with the definition in terms of the federal language changes. In the definition, the words "fine and gross motor" have been struck. Please consider reinserting these words in the definition. In another section, these words remain. Does this mean that we are not "required" to assess the developmental areas of gross and fine motor? Also, delays in vision and hearing are not documented in percentages. It is misleading to include vision and hearing in the section of the eligibility definition that talks about infants being at least 25% delayed. Clarification would be helpful.

Discussion
The deletion of the words "fine motor, gross motor" in the definition are in keeping with the federal regulations. The statewide IFSP document prompts the evaluation team to include the areas of fine and gross motor development as a part of the evaluation. The Part C Lead Agency concurs that the inclusion of "fine motor, gross motor" helps to present a clearer picture of the child's overall abilities. The status of vision and hearing is, according to federal regulations, to be included as a part of the evaluation of physical development. Qualified personnel evaluating vision or hearing to determine a delay would be able to judge if the deficit in vision or hearing constituted eligibility for Part C. Technical assistance in regard to the state definition is available from the Part C Lead Agency.

Action
The words "fine motor, gross motor" as specific to Virginia's definition, regarding physical development, have been reinserted.

Component IV – Public Awareness Program

Comment
Regarding Procedures B 1, LICC procedures for public awareness programs – Language should reflect the requirement to use the new statewide public awareness materials in order give unity to the state's early intervention system.

Discussion
The Part C Lead Agency agrees with the suggestion.

Action
A sentence has been added to Procedure B 1 that reads: "LICCs will adopt and implement, for their local public awareness activities, the materials and strategies developed by the state."

Component V – Comprehensive Child Find System

Comment
Regarding A. General Child Find System Requirements, 1a(1), eligible infants and toddlers – The word "eligible" is redundant.

Discussion
The Part C Lead Agency agrees with the observation. The first "eligible" is not found in federal regulatory language. The phrase *"…who are eligible for services under this part"* is federal language and should appear in italics.

Action
The wording in Policy A.1a(1) has been changed to read: *"All infants and toddlers in* Virginia *who are eligible for services under this part are identified, located, and evaluated;"*

Comment
Regarding A. General Child Find System Requirements, 1a(2) - Clarify/explain what is the "effective method" for a comprehensive, interagency, ongoing effort to determine which children are receiving needed early intervention services. Is it the child data collection system?

Discussion
Virginia's Data Collection Project, through the Individual Child Data Form, is one mechanism which allows determination of the children receiving early intervention services. Another process for determining the number of children served in various age groups, as well as the racial, ethnic, geographic, and linguistic diversity of children served, is the Monitoring and Improvement Measurement System (MIMS). Indicator statements in MIMS address the local council's success and barriers in implementing a comprehensive child find system. It is the responsibility of local interagency coordinating councils to develop and implement policies and procedures which ensure referrals to the local early intervention system, and to set annual goals for child find, based on past data.

Action
No change.

Comment
Regarding A. General Child Find System Requirements, 2a, LICC policies and procedures for implementing child find activities – Clarify the sentence and rephrase to read, "…to implement child find activities including:"

Discussion
The Part C Lead Agency agrees with the suggestion.

Action
Procedure 2a wording has been changed to read, "…to implement child find activities including:"

Comment
Regarding D. Screening, 1a - Comment was made concerning sharing information with families about available resources and making referrals. A suggested revision is; "…available resources and make referrals as appropriate."

Discussion
The Part C Lead Agency agrees with the suggestion.

Action
Policy 1a wording has been changed to read "…available resources and make referrals as appropriate."

Comment
Regarding E. Primary Referral Sources, 1a – A comment was made that the insertion about assistance of VICC with child find is a good addition.

Discussion
This insertion is federal language.

Action
No action

Comment
Regarding G. Referral for Multidisciplinary/Interdisciplinary/Transdisciplinary Team Evaluation and Assessment, 1a and 1b - Clarify the "point of identification" and what the two days means for referral for a team evaluation. When does the 45-day clock start running? Is that when the family is contacted and a screening or needs assessment is completed?

Discussion
Virginia Policies and Procedures state that the "point of identification" is the time when the child is identified as needing a team evaluation and when the parent requests that the child be referred for a team evaluation. Upon receipt of referral for completion of an evaluation, the public agency and/or other participating agency/provider have forty-five (45) calendar days to complete the evaluation and assessment and to hold the IFSP meeting. The Part C Lead Agency will provide clarifications through a policy paper. These clarifications will also be included in the Individual Child Data Form Guidance Package.

Action
No change.

Comment
Regarding H. Tracking, 2b – This section encourages local participation in HPITP. The way this is written implies that the HPITP is available statewide and it is not. Where is it still in existence?

Discussion
The HPITP, an activity of the Division of Child and Adolescent Health, Virginia Department of Health, ended in June 2000 as it was structured. The Virginia Department of Health is in the process of integrating several tracking initiatives for tracking newborn infants. A new process will be in place once the integration has been completed. An update on this project will be disseminated to the field.

Action
Section H. Tracking has been deleted.

Component VI – Evaluation, Assessment & Nondiscriminatory Procedures

Comment
Regarding A. Multidisciplinary Evaluation and Assessment, 1g(4)(b)ii - Please consider adding "fine motor and gross motor" for clarification and completeness in the components required for evaluation and clarify how to use vision and/or hearing status to document eligibility.

Discussion
Please see discussion in Component I – State Definition of Developmental Delay.

Action
See Component I – State Definition of Developmental Delay

Comment
Regarding A. Multidisciplinary Evaluation and Assessment, 1g(4)(b)iv - Since many evaluation tools include "social/emotional" together, it may be helpful for clarification and understanding to define "social" and define "emotional" for purposes of evaluation components.

Discussion
The words as written, "social or emotional development," are stated in the federal regulations. The statewide IFSP form identifies social/emotional in the team evaluation summary section, as " interacting with others." Determination of the evaluation of the social or emotional areas is left to the discretion of the team, based on the input and concerns of the family.

Action
No change.

Comment
Regarding A. Multidisciplinary Evaluation and Assessment, 2i - review of pertinent records less than six months old for purposes of initial eligibility – There is a need to include the words "with parental consent", since records cannot be requested without their consent. Also, it is recommended that language be added about the inclusion of documentation in the child's record if the family chooses not to allow request for information.

Discussion
The Part C Lead Agency agrees with these suggestions. In order to access a child's records for review it is necessary to have parental consent. Documentation that parental consent has been denied provides justification for a lack of record review, for both service delivery purposes as well as local monitoring.

Action
Procedure 2i wording has been changed to read: "…team must, with parental consent, include a review of pertinent records…". A new sentence has been added which reads: "It must be documented in the child's record if the parent(s) choose not to consent to a review of records.

Comment
Regarding A. Multidisciplinary Evaluation & Assessment 2l, 2m, and 2n - This section is confusing. It appears to be out of sequential order. Recommend changing sequence to; n, l, m. Such a change would allow the flow of information to reflect the following: the family receives an explanation about what are concerns, priorities and resources, the family is informed of the voluntary nature of inclusion of these in the IFSP and, the family is provided with multiple opportunities to provide input about them.

Discussion
The Part C Lead Agency agrees with the recommendation.

Action
The sequence in this section has been reordered to more accurately reflect flow of activities.

Comment
Regarding A. Multidisciplinary Evaluation & Assessment 2p, 2m and 2q - ensuring family opportunities for identification of family resources, priorities and concerns – The content of "p" and "m" appear to be redundant. The use of the word "chat" in "q" appears to be informal for statewide policies and procedures.

Discussion
The Part C Lead Agency agrees.

Action
Changes to Procedure 2 include the deletion of "p", and the rewording of "q" to read: "The service coordinator is responsible for ensuring that the method of obtaining information from the family is directed by the family and may include, but is not limited to, a face-to-face discussion, an informal conversation, or the completion of a checklist or inventory by the family. No one method if recommended for all families.

Comment
Regarding A. Multidisciplinary Evaluation and Assessment, 2u - service coordinator's responsibility for referral of ineligible children – The wording of the first sentence makes it appear that there are always other resources to which to refer any and all families, which is not the case. Suggest inserting "…if available and/or appropriate" at the end of the first sentence. Also, the last sentence needs more specificity – what does "follow-up" mean?

Discussion
The Part C Lead Agency agrees with the recommendation for the first sentence. LICC's have the responsibility of providing families with information that they may recontact the Part C local early intervention system at any time should they have question about potential Part C eligibility.

Action
The first sentence of Procedure 2u has been reworded as follows: "The service coordinator is responsible for ensuring that ineligible children are referred to other resources that may be available, if appropriate, with the permission of the parent(s)". The last sentence has been deleted.

Component VII – Individualized Family Service Plans

Comment
Regarding B. IFSP Development, Review, and Evaluation, Procedures 2b and 2e - There is no indication that the service coordinator must notify appropriate parties that the meetings are being held. This concept, as well as the title of the appropriate procedural safeguard forms, should be included. Also, in Section B, Procedure 2c, the addition of "and other IFSP team members" is a good one. The exact procedural safeguard form for requesting an IFSP review should be noted.

Discussion
Virginia has adopted uniform, statewide written prior notice and consent forms. These forms are titled according to their purpose. Any participant in an IFSP meeting would be provided notice of the time and location of the meeting. Families are also provided a copy of the official notice of infant/toddler and family rights. The statewide prior notice and consent forms indicate that the family is to be given the official notice of rights. Service coordinators are responsible for presenting families with the appropriate forms and with notice of their rights. The May 2000 manual Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP; Procedural Safeguards: Rights and Prior Notice includes a flow chart which identifies the appropriate forms to be used at the appropriate times. Training and technical assistance are also provided from the Part C Lead Agency in regard to use of the appropriate forms.

Action
Procedure 2b has been amended to read: " The service coordinator is responsible for conducting the IFSP meetings and for revising or modifying the IFSP with the family. The service coordinator is also responsible for providing written prior notice of the IFSP meetings to the family and other team members." Procedure 2c has been amended to read: " Families and other IFSP team members can request an IFSP review by contacting the service coordinator at any time." In order to provide consistency throughout the policies and procedures, Procedure 2a has been amended to read: "The temporary service coordinator is responsible for scheduling the initial IFSP meeting within the 45 day timeline and for providing written prior notice and consent, and a copy of the official notice of infant/toddler and family rights in accordance with component X - Procedural Safeguards, A - Protection of the Rights of the Child and Parents, 1- Policies."

Comment
Regarding C. Prior Notice; Native Language, 2b - A comment was made that the exact statewide procedural safeguard forms to be used should be listed. Also, 2e (1) should be deleted, as LICCs do not ensure the prior notice forms are "written in language understandable to the general public," as these forms are developed by the state.

Discussion
Procedure 2b indicates that families are to receive an official notice of infant/toddler and family rights. Training and technical assistance efforts in Virginia are provided to inform service coordinators of the appropriate timing and procedures for use of the prior notice forms. The May 2000 manual Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP; Procedural Safeguards: Rights and Prior Notice includes a flow chart which identifies the appropriate forms to be used at the appropriate times. Procedure 2e (1) does need to reflect the use of statewide written prior notice forms, with the recognition that the state assures the use of language understandable to the general public.

Action
Procedure C. 2e(1) has been amended to read as follows: "Available in written format, and disseminated and explained to families within the timelines established through the official prior notice and consent forms."

Comment
Regarding D. Participants in IFSP Meetings and Periodic Reviews, 1b(2) - A comment was made about requirement that if a person directly involved in conducting the evaluation/ assessment is unable to attend a meeting, a knowledgeable authorized representative may attend the meeting. Who is "authorized"? Who "authorizes"?

Discussion
The addition of "*authorized*" to describe the representative who may attend the meeting is an insertion of federal language. An "authorized" representative is an individual with the competency to participate in the meeting and interpret the evaluation information.

Action
No change.

Comment
Regarding D. Participants in IFSP Meetings and Periodic Reviews, 2c – A comment was made that the wording of the sentence leaves the impression that there are other family members on the team, i.e., family members who serve in family support roles, not that the child's family is part of the IFSP team.

Discussion
Virginia has always encouraged family participation in the development and implementation of the IFSP to the extent they wish to be involved. Families may choose to invite individuals (family members or non-family members) to the IFSP meetings.

Action
Procedure 2c is amended to read as follows: "The service coordinator is responsible for ensuring that the IFSP meetings are scheduled at times convenient for team members with preferences being given to times that are best for the family."

Comment
Regarding E. Content of the IFSP, 1a(1) – A concern was expressed about the deletion of fine and gross motor skills in addressing the child's level of functioning in physical development.

Discussion
The omission of these areas of development occurred at the federal level. See Component I-Definition of Developmental Delay for discussion.

Action
The words "fine motor, gross motor" have been reinserted as Virginia specific language.

Comment
Regarding E. Content of the IFSP, 1b (3) - A comment was made that clarification of " 'method' meaning how a service is provided" would be helpful and appropriate.

Discussion
Technical assistance and guidance was provided in the May 2000 training manual, Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP; Procedural Safeguards: Rights and Prior Notice. Further training and technical assistance is available from the Part C Lead Agency.

Action
No change.

Comment
Regarding E. Content of the IFSP, 2a - A suggestion was made that policies and procedures should reflect the use of the new statewide form. Public comment noted that the state IFSP is a forward-thinking document that greatly enhances the involvement of parents in the decision-making process of developing services for their child. Also noted was the simplification of the approval process for services with insurance companies. The consistency of a statewide format was applauded to promote better collaboration at the state and local levels, and to enhance data collection in the future.

Discussion
The statewide IFSP document has been approved and is required for Part C services across the Commonwealth. A memorandum, dated November 28, 2000, from Commissioner Richard E. Kellogg, Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, affirms the finalization of the standardized state Individualized Family Service Plan (IFSP) and procedural safeguard forms for Part C early intervention services, as well as the required use of the IFSP and the forms.

Action
Procedure 2a has been amended to read as follows: "LICCs are responsible for developing policies and procedures for completion of a written IFSP for each child and family using the required statewide IFSP form. The policies and procedures should be consistent with guidance provided by the Part C Lead Agency and should ensure that the IFSP team uses clear, non-technical language in developing the IFSP and uses a family's own words and language whenever possible."

Comment
Regarding E. Content of the IFSP, 2d, comment was made that outcomes are now written as behavioral objectives. Recommendation was made to change "outcomes" to "behavioral objectives."

Discussion
IFSP outcomes are not the same thing as IEP goals or objectives. Outcomes are statements of the changes that families want to see for their children or themselves as a result of their participation in early intervention and are measurable.

Action
Procedure E. 2d will be amended to read as follows: "The IFSP team is responsible for developing outcomes that are functionally stated. Outcomes are statements of the changes that families want to see for their children or themselves as a result of their participation in early intervention and are measurable."

Comment
Regarding E. Content of the IFSP, 2h - A comment was made requesting explanation of what "advocacy services" service coordinators are to explain to families.

Discussion
Confusion may exist with this wording. It reads as if specific names of services should be shared with families. The intent is for the service coordinator to inform families of the availability of advocacy services, and may include the sharing of specific information regarding advocacy services. Due process, as noted in the procedure, is only one avenue to pursue in dispute resolution under Part C.

Action
Procedure E. 2h is amended as follows: "The service coordinator is responsible for advising the family of the availability of advocacy services and of the dispute resolution procedures under Part C."

Comment
Regarding H. Service Coordination, 1d – A suggested change for clarity is "…accept or decline any and/or all early intervention services…."

Discussion
The Part C Lead Agency agrees with the suggestion for a change in wording that reflects that families may choose some or all services.

Action
Policy H. 1d language is modified to read, "…accept or decline any or all early intervention services…."

Comment
Regarding H. Service Coordinator, 2e - A comment suggested deletion of designation of families as co-service coordinators, as families are always involved in any decision-making process. A family/service coordination partnership is implicit in the relationship between the family and service coordinator. The designation of the role of co-service coordinator appears to be a formalized role available to families.

Discussion
Initially, the designation of a co-service coordinator role for families was included in Virginia Policies and Procedures to ensure that service providers included families in decision making, and to assert the role of the family as an equal team member. Current practice in Virginia recognizes the family as an equal team member, with strong partnerships existing between providers and families.

Action
Procedure H. 2e is amended to reflect current practice in Virginia, as follows: "The IFSP team acknowledges the role of the service coordinator. The IFSP team ensures that the family knows who their service coordinator is, and knows the procedures to change their service coordinator. The family may choose the level to which they participate in service coordination activities."

Comment
Regarding I. Transition, 1c(2) – A comment was made indicating confusion with wording regarding eligibility for Part B services, as children are not determined eligible for Part B services until the eligibility meeting. Suggested wording change was to specify, "Age eligible for Part B services…."

Discussion
As written, I. Transition, 1c(2) incorporates procedures regarding those children who may be age-eligible for Part B services, but whose parents do not consent to a Part B evaluation to determine eligibility, as well as those children who are eligible for Part B services, but whose parents do not consent to placement in Part B services. Families have the option to make such choices in Virginia, and delay transition to a future time before the child reaches age three.

Action
Policy 1 c (2) is amended to read as follows: "Eligible for Part B services but whose parents do not consent to placement under Part B and choose to delay transition to a future time before the child reaches age 3." Policy 1 c (3) is added to read as follows: Age-eligible for Part B services but whose parents do not consent to an evaluation."

Comment
Regarding I. Transition, 1d - A comment indicated lack of clarity in the statement as the word "for" is used three times.

Discussion
Multiple uses of the word "for" make for difficult reading.

Action
Policy I. 1d wording is modified to read as follows: "The Lead Agency ensures that children under Part C who are age eligible for referral to the local school division for eligibility determination under Part B:"

Comment
Regarding I. Transition 1d(1) - A request for clarification was made about why birth dates need to be submitted to the schools. In one locality, numbers of children and the severity of their disabilities have worked well.

Discussion
Federal Regulations require that Part C and Part B must both identify and locate children for purposes for child find. Mutual agreement between the Part C Lead Agency and the Virginia Department of Education is that for children who are Part C eligible, the local early intervention system will inform local school divisions of the birth dates of the age-eligible children. The use of birth dates allows for confidentiality of the children, but meets the school division's need for information as to numbers of children. By providing birth date information on children in Part C, local school divisions are able to anticipate and plan for service needs in subsequent years.

Action
No change.

Comment
Regarding I. Transition, 1f - The word "eligible" is used three times within the first sentence.

Discussion
Multiple usage of the word makes for difficult reading.

Action
Policy 1f, first sentence, is amended to read as follows: "The Lead Agency ensures that children eligible for services under Part C, but not under Part B, may continue in appropriate early intervention services until their third birthday."

Comment
Regarding I. Transition, Procedure 2h – A comment was made as to the redundancy of the words, "with parental approval," as parental permission is needed prior to a referral being made to a local school division.

Discussion
Parental permission is required before a referral to the local school division is made. Use of the Part C written prior notice and consent forms and the transition planning page in the statewide IFSP form will ensure that the 90-day conference is held with the local school division, and that parental permission is obtained, if the parent chooses to have a referral made to the school division.

Action
Procedure 2h is reworded to read as follows: "The service coordinator is responsible for obtaining parental permission through use of the written prior notice and consent forms to convene a conference between the sending Part C providers, the family, and the LEA that occurs at least 90 days prior to the child's eligibility under Part B (age 2 on or before September 30) or to the first day of the school year, whichever date comes first."

Comment
Regarding I. Notice to Parents, 2j NOTE - Comments were made pertaining to this NOTE, as follows: Does the Transition Planning page of the statewide IFSP form allow for the individuality described in this NOTE, and is it a new responsibility of the service coordinator to provide families information on Part B timelines in writing?

Discussion
Service coordinators have had the responsibility in the past to provide families with written information on Part B timelines. The Transition Planning page on the statewide IFSP form includes all information cited in this NOTE. Prompts on the Transition Planning page provide the service coordinator with information to share with families to assist them in understanding the transition process and timelines.

Action
The first sentence of the NOTE is amended to reflect use of the statewide IFSP form, to read as follows: "NOTE: The required statewide IFSP form has a specific Transition Planning page that allows for specific transition plans and activities for each child and family."

Comment
Regarding I. Transition, 2l - The comment indicates that the sentence is seven lines long and very confusing to read.

Discussion
The sentence is confusing to read.

Action
Procedure 2l, is amended to read as follows: "The child who is age 2, on or before September 30, is eligible to continue to receive appropriate early intervention services until the child's third birthday, or until the child is determined not to be in need of early intervention services, if any of the following situations apply:

(1) The child is eligible for Part B services, but the parents do not consent to placement under Part B, and choose to delay transition to a future time prior to the child's third birthday;
(2) The child is age-eligible for Part B services, but the parents do not consent to an evaluation to determine eligibility for Part B services; or
(3) The child is found not eligible for Part B services."

Comment
Regarding I. Transition, 2m & 2n - The recommendation was made to change the order of these procedural statements. Procedure "n" describes the provision to families about choices regarding alternative placements for children not eligible for Part B, and Procedure "m" describes the convening of a transition conference about these alternative placements. Families need to know their options before they can actively participate in a planning conference.

Discussion
The reordering of the Procedures is appropriate.

Action
The order of m & n has been reversed.

Comment
Regarding I. Transition, 2n - A comment was made that this procedures needs to be reworded to delineate the situations that require the investigation of a range of alternative placements. Such situations include children not eligible for Part B services and whose parents choose to continue with Part C services until the child's third birthday, or children who are no longer eligible for Part C services prior to their third birthday. The current second sentence could be incorporated

into the first sentence. The third sentence seems to indicate that the service coordinator refers the child to the school system to determine when transition will occur, rather than the referral being made to determine eligibility.

Discussion
2n is lengthy, and the statements will be revised for clarity. In addition, the current third sentence will become a separate procedural statement.

Action
Procedure 2n is reworded as follows: "The service coordinator or other designated person is responsible for planning transition with the family. The service coordinator assists the family in the investigation of a range of alternative placements, for either the child who is not eligible for Part B services and who continues with Part C services until the third birthday, or for the child who is no longer eligible for Part C services prior to the third birthday. Alternative placements to consider include Head Start, integrated nursery school, or other early education or family support programs." The last sentence of current 2n will become letter 2o with the subsequent change in lettering of the following procedures. Revised 2o will read as follows: "For children who are age-eligible for transition because they are two on or before September 30, but whose families choose to delay transition until later in the school year, the service coordinator or other designated person is responsible for using the written prior notice and consent forms to initiate a transition planning conference to identify the appropriate activities to ensure a smooth and timely transition."

Component VIII – Comprehensive System of Personnel Development

Comment
Regarding B. Procedures – It was suggested that in the second paragraph, the word "parents" be changed to "families" for consistency with the rest of the document.

Discussion
The Part C Lead Agency agrees with the suggestion to change references to "parents" to "families" and also believes that the word "professional" should be changed to "provider."

Action
References will be to "families" and "providers", rather than "parents" and "professionals".

Comment
Regarding B. Procedures - A comment was made that 2f does not fit in with a – e, as this is a training to be offered in the future, not trainings currently in place.

Discussion
The Part C Lead Agency agrees that revisions are needed.

Action
Procedure 2c will read as follows: "Local training on procedural safeguards, including written prior notice and consent." Procedure 2f will read as follows: "Training on natural environments, families' activities and routines, and statewide IFSP form."

Comment
Regarding B. Procedures - A suggestion was made to delete 4a(1)(a), as council coordinators no longer receive monthly mailings.

Discussion
Monthly communications to local council coordinators continue to occur through monthly regional meetings, e-mail communications, postings on the Virginia Babies Can't Wait website, and conversations with Part C Lead Agency technical assistance providers.

Action
No change.

Comment
Regarding B. Procedures - A comment was made that there is redundancy within 6a, with mention of the LICC as well as local council members identifying training needs. The LICC is responsible for identifying its training needs and resources, with the needs then being analyzed at the state level.

Discussion
The Part C Lead Agency agrees with the comment.

Action
Procedure 6a will be amended to read as follows: "The LICC members are responsible for identifying their training needs and resources. To facilitate the LICC's addressing of the identified needs, the training needs are reviewed at the state level."

Component IX – Personnel Standards

Comment
Regarding Policy A.5 – The current wording implies that the two required trainings must be related to the Indicators of Recommended Practice when this has not been true in the past. The two trainings should relate to the needs of the professional. Is there a possibility of Indicators being developed to reflect the experience and expertise of those individuals who have been in the field for many years?

Discussion
The two training activities each year are to be based on individual need, and based on one's interpretation of need in accordance with the Indicators of Recommended Practice.

The statement will be revised to allow the training activities to be based on the needs of the provider. The Indicators of Recommended Practice were developed in 1993, as Virginia entered full implementation of Part C, then Part H. The VICC Personnel Training and Development Committee recognizes the need to revisit the Indicators of Recommended Practice in regard to current practice in the field of early intervention.

Action
Policy A.5 is amended in the last sentence, with the deletion of the words "following the self-assessment." The last sentence thus reads as follows: "Personnel must participate in two (2) training activities each year based on individual need."

Comment
Regarding Part C Personnel Standards (table) - Occupational therapists are listed as being "certified." Occupational therapists are now "licensed" by the Board of Medicine.
A physical therapy assistant and an occupational therapy assistant are listed as meeting Part C Personnel Standards. As such, it seems they would be able to evaluate and develop IFSPs. However, according to their discipline standards, they are not allowed to do evaluations and plans of care. Please clarify the roles and rules.

Discussion
The licensure of the Occupational Therapist will be so noted. The physical therapy assistant and the occupational therapy assistant are identified as recognized occupational categories in the Part C Personnel Standards Table. These two disciplines are, as the public comment suggests, limited in their scope of practice. They must also be under the supervision of the Physical Therapist or Occupational Therapist to perform their roles as physical therapy assistant or occupational therapy assistant. Any discipline identified must adhere to the particular discipline's Code of Ethics, licensure regulations, and scope of practice requirements.

Action
Change Highest Standard for Occupational Therapist to Bachelor's plus Registered Occupational Therapist licensed by the Virginia Board of Medicine.

Change Occupational Therapist Assistant to "…examination by the National Board for Certification of Occupational Therapists."

Component X – Procedural Safeguards

Comment
Regarding A. Protection of the Rights of the Child and Parents, 2b – f. A comment was made that the addition of the specific names of the procedural safeguard forms to ensure that appropriate forms are given to families at the appropriate times would be helpful.

Discussion
Training and technical assistance is provided to early intervention service providers about the use of written prior notice and consent forms and the official notice of infant/toddler and family rights. The May 2000 manual Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP; Procedural Safeguards: Rights and Prior Notice includes a flow chart which identifies the appropriate forms to be used at the appropriate times.

Action
No change.

Component XI – Supervision, Monitoring & Evaluation of Programs

Comment
Regarding B.1c – A recommendation was made to indicate how the Department of Social Services and Department for the Visually Handicapped monitor and evaluate services, as listed under all other agencies.

Discussion
State agencies develop their own mechanisms to monitor and evaluate services under their jurisdiction.

Action
No Change.

Comment
Regarding B.2 b – Expenditure Reporting - A comment was made that the use of the word "quarterly" is redundant as the months the expenditure reports are to be submitted are indicated.

Discussion
The Part C Lead Agency agrees.

Action
The first sentence of Procedure 2b now reads: "LICC expenditures of Part C funds are monitored through Part C expenditure reports which are submitted by each local fiscal agent/intermediary to the Lead Agency at the end of the first, second, third, and fourth quarters."

Comment
Regarding Procedures B. 2c(2)(a)-(d) and 2c(3) - Ongoing LICC participation in the improvement and monitoring measurement system; Clarification was requested as to the frequency of MIMS. Is it going to be every four years?

Discussion
Initial discussion about the timelines for the MIMS cycle was every four years. The EIIMT, however, felt that for at least the initial participation of each council, this process should be accelerated to a two-year cycle. Currently, we are in year one of this two-year cycle. The MIMS Task Force is discussing the review cycle. Once the review cycle timeframe has been determined, the Task Force will develop procedures for implementation.

Action
The phrase "…once every four years" has been deleted from Procedure 2c(2)(a)-(d). Procedure 2c(3) has been reworded: " The state determines the frequency of the review cycle to ensure that noncompliance is identified and corrected in a timely manner."

Component XII – Lead Agency Procedures for Resolving Complaints

Comment
Regarding A. Procedures - A comment was made that number 11 and 12 are good additions for clarification.

Discussion
These additions are federal language.

Action
No Action

Component XIII – Policies and Procedures Related to Financial Matters

Comment
Regarding A. Policy 2(d) - Does the language indicating the provision of a free, appropriate public education to children from their third birthday, and with use of Part C funds, mean that local interagency coordinating councils will be responsible for serving children through our Part C system over the age of thirty-six months, and potentially to the age of forty-seven months? In general, there is concern about the use of Part C funds for children over the age of three, as well as other funding questions that come to mind related to this issue, including maintenance of effort and supplanting of fiscal resources.

Discussion
In Virginia, families have the option to receive free and appropriate public education at age three, or at age two, for the child who is two on or before September 30. Virginia does not use this option of Part C funds to provide FAPE, since there is the two-year-old mandate. LICCs work to provide transition activities to allow smooth and timely transition by the child's third birthday.

Action
Deletion of A. 2(d) since Virginia does not use this option.

Component XVII – Natural Environments

Comment
Regarding B.1 - Lead agency strategies to ensure that the requirements of Part C are met; A comment was made that there is no mention of the IFSP training presented this spring and how the concept of natural environments is integrated into the new IFSP forms.

Discussion
The Part C Lead Agency agrees that procedural statements need revision.

Action
The wording for Procedure B.1b has been revised: "The June 1994 Technical Assistance Document Early Intervention in the Natural Environment: What Does it Mean for Young Children? has been revised. The revised Technical Assistance Documents are in the May 2000 manual, Family-Centered Early Intervention within the Context of Daily Activities and Routines of Children and Families: Development of the IFSP; Procedural Safeguards: Rights and Prior Notice. These manuals have been distributed statewide."

The wording for Procedure B.1d has been revised: " The Lead Agency conducts state training and technical assistance on the IFSP process which incorporates the natural environments requirements into all aspects of IFSP development."

The wording for Procedure B.1e has been revised: "The Lead Agency continues to incorporate the natural environments requirements into the Monitoring and Improvement Measurement System (MIMS) indicators for local self-study."

The phrase "including mechanisms" is added to B.2.

Appendices

Comment
Comments included questions regarding out-of-date information, as well as legibility of a number of appendices.

Discussion
The Part C Lead Agency agrees that the appendices need to be updated.

Action
Updated Appendices are now included with the Policies and Procedures.

Comment
Regarding Appendix T – The "ten day box" on T-11 and T-13 is confusing, redundant and unnecessary and creates more paperwork for the service coordinator.

Discussion
The "ten day box" was added to T-11 and T-13 based on feedback from the pilot sites. Additional input regarding the recently approved form will be addressed by the Part C Lead Agency throughout the implementation and use of the new statewide forms.

Action
No Action.

HOUSE JOINT RESOLUTION NO. 380
Offered January 21, 1991

Continuing the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers.

Patrons--Christian, Plum, Hawkins, Mayer and Cox Senators: Miller, Y.B., Miller, E.F., Barker and Scott

Referred to the Committee on Rules

WHEREAS, the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers was established In 1990 by House Joint Resolution No.164 to study the programmatic and fiscal impact of the Commonwealth's adopting public policy for the Implementation of Part H of Public Law 99-457, the Education of the Handicapped Act, which was subsequently reauthorized by Congress as Part H of Public Law 101-476, the Individuals with Disabilities Education Act and

WHEREAS, Part H is a discretionary five-year federal grant program of early intervention services to infants and toddlers with handicapping conditions and their families; and

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services was designated by the. Governor as the lead agency for the development and implementation of Part H which Is required to be a statewide, comprehensive, coordinated and interagency system; and

WHEREAS, there must be substantial cooperation in complex budget and service delivery areas among the state agencies offering services to handicapped infants and toddlers, particularly agencies under the Secretary of Health and Human Resources and the Secretary of Education; and

WHEREAS, Virginia is currently In the third year of the five-year grant and, when the fifth year commences, which will be no later than October 1992, all Part H services must be available on an equal basis to qualified children throughout Virginia, a requirement which will necessitate resolution of complex budget and service delivery issues: and

WHEREAS, the joint subcommittee recognizes that Part H services are of vital importance to Virginia's families with handicapped infants and toddlers and that because early intervention services can prevent or mitigate numerous problems, Part H will ultimately benefit all citizens of the Commonwealth and has made a number of recommendations designed to further the Implementation of Part H In Virginia; and

WHEREAS, the joint subcommittee has heard from the lead agency, other agencies, parents, the Virginia Interagency Coordinating Council, local planning councils, service providers and experts In fiscal and other Part H matters but has not received sufficient information to determine the precise fiscal Impact of Virginia's continued participation in Part H; and

WHEREAS, the Joint subcommittee closely followed the work of the Joint Subcommittee Studying Maternal and Perinatal Drug Exposure and Abuse and the Impact on Subsidized Adoption and Foster Care pursuant to HJR 41 and SJR 11 (1990) and determined that, if both joint subcommittees are continued, they should work cooperatively to coordinate services to. drug exposed Infants and toddlers; and

WHEREAS, during the course of Its study the joint subcommittee has uncovered issues that must be addressed to ensure the success of the Part H program, such as the shortage of physical therapists and other professionals who provide services required by Part H and the question of

how responsibility should be delineated for serving two-year olds who currently receive special education services but would also be eligible for Part H services; now, therefore, be It

RESOLVED by the House of Delegates, the Senate concurring, That the joint subcommittee established in 1990 House Joint Resolution no. 164 be continued to study (i) the programmatic and fiscal Impact of the Commonwealth's adopting public policy for the Implementation of Part H, (ii) the extent of and remedies for the shortage of physical therapists and other professionals who provide Part H services, and (iii) how responsibility should be delineated for two-year olds who may be eligible for special education and/or Part H services. All members of the Joint subcommittee shall remain members, and any appointments to fill vacant positions shall be made by the Speaker of the House if the vacant position was previously held by a member of the House of Delegates or by the Senate Committee on Privileges and Elections If the vacant position was previously held by a member of the Senate. In addition, there shall be one additional member from the House of Delegates, to be appointed by the Speaker of the House, and one additional member from the Senate, to be appointed by the Senate Committee on Privileges and Elections.

The Department of Mental Health, Mental Retardation and Substance Abuse Services in cooperation with the above-mentioned agencies and the Department of Planning and Budget shall assist the Joint subcommittee.

The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1992 Session of the General Assembly as provided in the procedures for the Division of Legislative Automated Systems for the processing of legislative documents.

The indirect and direct costs for this study shall be assumed by federal grant funds to the Commonwealth under Part H of the Individuals with Disabilities Education Act.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.

HOUSE JOINT RESOLUTION NO. 381
Offered January 21, 1991

Endorsing Virginia's continued participation in Part H of the Individuals with Disabilities Education Act, a discretionary five-year grant program of early intervention services to handicapped infants and toddlers and their families, and recommending that various parties take certain actions to further such participation.

Patrons—Christian, Plum, Hawkins, Mayer and Cox; Senators: Miller, Y.B., Miller, E.F, Barker and Scott

Referred to the Committee on Education

WHEREAS, Part H Is a discretionary five-year federal grant, program of early Intervention services to Infants and toddlers with handicapping conditions and their families; and

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services was designated by the Governor as the lead agency for the development and Implementation of Part H which is required to be a statewide, comprehensive, coordinated and Interagency system; and

WHEREAS, Virginia Is currently In the third year of the five-year grant and when the fifth year commences, which will be no later than October 1992, all Part H services must be available on an equal basis to qualified children throughout Virginia; and

WHEREAS, this requirement will require resolution of complex budget and service delivery issues; and

WHEREAS, the 1990 Session of the General Assembly established, pursuant to House Joint Resolution 164, a joint subcommittee to study the programmatic and fiscal impact of the Commonwealth's adopting public policy for the Implementation of Part H of Public Law 99-457, the Education of the Handicapped Act, which was subsequently reauthorized by Congress as Part H of Public Law 101-476, the Individuals with Disabilities Education Act; and

WHEREAS, the joint subcommittee heard from the lead agency, other agencies, parents, the Virginia Interagency Coordinating Council, local planning councils, service providers and experts in fiscal and other Part H matters but did not receive sufficient information to determine the precise fiscal impact of Virginia's continued participation In Part H and

WHEREAS, the joint subcommittee has submitted a resolution requesting that it be allowed to continue the study for another year so that the fiscal Issues and other issues that were identified during the course of the study could be examined 'more closely but also identified a number of steps that could be taken to enhance the Part H program in Virginia prior to the reconvening of the joint subcommittee; and

WHEREAS, the joint subcommittee recognizes that Part H services are of vital Importance to Virginia's families with handicapped Infants and toddlers and recognizes that because early intervention services can prevent or mitigate numerous problems, Part H will ultimately benefit all citizens of the Commonwealth; and

WHEREAS, the Commonwealth must adopt a definition of "developmentally delayed" which will determine which children are eligible for Part H services; and

WHEREAS, the Virginia Interagency Coordinating Council, parents and other speakers have endorsed the Inclusion of "at-risk" children in the definition of developmentally delayed so that these children can receive Part H services; and

WHEREAS, the Inclusion of "at-risk" children Is not required by federal guidelines, and once the definition Is submitted to the federal government no categories of children included in

the definition may be eliminated; and

WHEREAS, the subcommittee recognizes the value of including at-risk children in the definition but realizes that the cost of serving at-risk children and those required to be served Is not known; and

WHEREAS, Virginia's continued participation In the Part H program is dependent upon the timely submission of Its fourth and fifth year grant applications to the US. Secretary of Education by the lead agency; and

WHEREAS, Virginia's grant applications must document that Virginia has met the required sixteen components of a statewide system of early intervention which requires substantial cooperation in complex budget and service delivery areas among the agencies under the Secretary of Health and Human Resources and the Secretary of Education; and

WHEREAS, Virginia must adopt policy for a comprehensive, coordinated, interagency, statewide, multidisciplinary system of providing early Intervention services; and

WHEREAS, Virginia must have an interagency agreement that reflects state participation In Part H, and Interagency agreements will assist in fulfilling the requirement for the adoption of state policy and support the lead agency in Implementing Part H, and

WHEREAS, interagency cooperation is also important on the local level, and Interdisciplinary training is an excellent method of building cooperation and making Interagency agreements operational; and

WHEREAS, Medicaid Is an Important component in implementing a successful Part H program because of the federal match money; and

WHEREAS, because of recent changes In the Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), many Part H services can be covered under Medicaid and children at 133 percent of the poverty level are eligible for Medicaid until age 6; and

WHEREAS, less than half of Virginia's Infant programs are Medicaid certified, and

WHEREAS, not only are there start-up costs associated with becoming Medicaid certified, but there must be contracts with certain professional service providers, some of whom, most notably physical therapists and physicians, may not be readily available In rural areas; and

WHEREAS, the Department of Medical Assistance Services and the lead agency are currently looking into the possibility of amending the state plan to expand Medicaid coverage of early Intervention services, and the agencies are working together to obtain statistical information regarding Part H services; and

WHEREAS, the subcommittee recognizes that diverse cultures exist within the Commonwealth and that families are best served if their unique cultural values are recognized, understood, and respected; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, that the General Assembly endorses Virginia's continued participation in the Part H program and encourages all state and local agencies Involved to assist the lead agency in meeting the required sixteen components to expedite the establishment of a high quality Part H program in Virginia.

The subcommittee recommends that the definition of developmentally delayed be drawn as broadly as possible so that at-risk children will be included but recognizes that the executive branch must make this decision in difficult economic times and prior to having sufficient information regarding the cost of the services. The subcommittee also realizes that these limitations may require the executive branch to adopt a definition which will allow at-risk children to be phased into the definition over a period of time.

The Subcommittee further recommends that the Board of Mental Health, Mental Retardation and Substance Abuse Services adopt policy for a comprehensive, coordinated, interagency, statewide, multidisciplinary system of providing early intervention services.

The agencies under the Secretary of Health and Human Resources and the Secretary of

Education should strengthen their interagency alliance by developing Interagency agreements which delineate the components of the comprehensive system In which each will participate, the respective financial arrangements for components and services, and a mechanism for dispute resolution. Interagency agreements should also emphasize cooperation among local agencies and encourage interdisciplinary training The lead agency should explore' the possibility of' developing incentives for demonstrated success In Interagency cooperation on the local level. -

The lead agency and the Department of Medical Assistance Services should continue to work together to examine the possibility of amending the state plan to expand Medicaid coverage of early Intervention services and to gather data on the numbers of children served and cost of services. The lead agency and the Department of Medical Assistance Services should collaborate to provide technical assistance regarding Medicaid certification to community service boards and other Infant programs that are not Medicaid certified. The subcommittee strongly encourages all community services boards and other Infant programs to become Medicaid certified. The lead agency should examine the extent to which Start-up costs discourage Infant programs from becoming Medicaid certified.

Local and state agencies Involved with Part H are encouraged to hire staff members of diverse cultural backgrounds to reflect the cultural diversity of the families served by Part H. Such agencies are also urged to participate in training opportunities that will increase awareness of and sensitivity to cultural diversity. Persons working with families should be cognizant of and respectful of cultural diversity among the families that they serve.

HOUSE JOINT RESOLUTION NO. 380
Offered January 21, 1991

Continuing the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers.

Patrons--Christian, Plum, Hawkins, Mayer and Cox Senators: Miller, Y.B., Miller, E.F., Barker and Scott

Referred to the Committee on Rules

WHEREAS, the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers was established In 1990 by House Joint Resolution No.164 to study the programmatic and fiscal impact of the Commonwealth's adopting public policy for the Implementation of Part H of Public Law 99-457, the Education of the Handicapped Act, which was subsequently reauthorized by Congress as Part H of Public Law 101-476, the Individuals with Disabilities Education Act and

WHEREAS, Part H is a discretionary five-year federal grant program of early intervention services to infants and toddlers with handicapping conditions and their families; and

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services was designated by the. Governor as the lead agency for the development and implementation of Part H which Is required to be a statewide, comprehensive, coordinated and interagency system; and

WHEREAS, there must be substantial cooperation in complex budget and service delivery areas among the state agencies offering services to handicapped infants and toddlers, particularly agencies under the Secretary of Health and Human Resources and the Secretary of Education; and

WHEREAS, Virginia is currently In the third year of the five-year grant and, when the fifth year commences, which will be no later than October 1992, all Part H services must be available on an equal basis to qualified children throughout Virginia, a requirement which will necessitate resolution of complex budget and service delivery issues: and

WHEREAS, the joint subcommittee recognizes that Part H services are of vital importance to Virginia's families with handicapped infants and toddlers and that because early intervention services can prevent or mitigate numerous problems, Part H will ultimately benefit all citizens of the Commonwealth and has made a number of recommendations designed to further the Implementation of Part H In Virginia; and

WHEREAS, the joint subcommittee has heard from the lead agency, other agencies, parents, the Virginia Interagency Coordinating Council, local planning councils, service providers and experts In fiscal and other Part H matters but has not received sufficient information to determine the precise fiscal Impact of Virginia's continued participation in Part H; and

WHEREAS, the Joint subcommittee closely followed the work of the Joint Subcommittee Studying Maternal and Perinatal Drug Exposure and Abuse and the Impact on Subsidized Adoption and Foster Care pursuant to HJR 41 and SJR 11 (1990) and determined that, if both joint subcommittees are continued, they should work cooperatively to coordinate services to drug exposed Infants and toddlers; and

WHEREAS, during the course of Its study the joint subcommittee has uncovered issues that must be addressed to ensure the success of the Part H program, such as the shortage of physical therapists and other professionals who provide services required by Part H and the question of

how responsibility should be delineated for serving two-year olds who currently receive special education services but would also be eligible for Part H services; now, therefore, be It

RESOLVED by the House of Delegates, the Senate concurring, That the joint subcommittee established in 1990 House Joint Resolution no. 164 be continued to study (i) the programmatic and fiscal Impact of the Commonwealth's adopting public policy for the Implementation of Part H, (ii) the extent of and remedies for the shortage of physical therapists and other professionals who provide Part H services, and (iii) how responsibility should be delineated for two-year olds who may be eligible for special education and/or Part H services. All members of the Joint subcommittee shall remain members, and any appointments to fill vacant positions shall be made by the Speaker of the House if the vacant position was previously held by a member of the House of Delegates or by the Senate Committee on Privileges and Elections If the vacant position was previously held by a member of the Senate. In addition, there shall be one additional member from the House of Delegates, to be appointed by the Speaker of the House, and one additional member from the Senate, to be appointed by the Senate Committee on Privileges and Elections.

The Department of Mental Health, Mental Retardation and Substance Abuse Services in cooperation with the above-mentioned agencies and the Department of Planning and Budget shall assist the Joint subcommittee.

The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1992 Session of the General Assembly as provided in the procedures for the Division of Legislative Automated Systems for the processing of legislative documents.

The indirect and direct costs for this study shall be assumed by federal grant funds to the Commonwealth under Part H of the Individuals with Disabilities Education Act.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.

HOUSE JOINT RESOLUTION NO. 186

Offered January 21, 1992

Designating the month of November each year as Early Intervention Month.

Patrons—Christian, Connally, Cooper, Cox, Cunningham, J.W., Darner, Dullard. Grayson. Maxwell, Mayer. Munford, Plum, Stieffen and Van Landingham: Senators: Andrews. Hawkins, Lambert, Miller, Y.B., Scott and Woods

Referred to the Committee on Health, Welfare and Institutions

WHEREAS, our children are our most precious resource and represent the future hopes for Virginia and the nation; and

WHEREAS, it is our collective social responsibility and moral obligation to protect our children, to provide supports for their families, to contribute to their physical and mental well-being, and to ensure that each child has a fair and equal chance to grow and develop to his or her maximum potential: and

WHEREAS, there are thousands of infants and very young children in Virginia with delayed physical or mental development due to a variety of conditions: and

WHEREAS, early detection and treatment of these conditions is critical to the health and well-being of these children and their families; and

WHEREAS, there are a variety of existing local, state and federal programs established to provide help to children with developmental delays and their families through early intervention; and

WHEREAS, there is a great need to increase public understanding of the problems and needs of our children with developmental delays and to encourage early detection and intervention: and

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services, in conjunction with other state and local agencies, has undertaken a program aimed at supporting and encouraging efforts to identify children in need and to provide them and their families with the care and services they need such that they may ultimately lead healthy, productive and happy lives: now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, that the month of November each year be designated as Early Intervention Month in recognition of the importance of such efforts and the need to call its significance to the attention of all Virginia citizens.

REQUEST FOR BUDGET BILL AMDMENT
TO HOUSE BILL 30 AS INTRODUCED

DATE: 1/25/92

ITEM: 323
AMEND # 2
PATRON: Marian Van Landingham

DEPT. OF MENTAL HEALTH, MENTAL RETARDATION & SUBSTANCE ABUSE(720)

COMMUNITY HEALTH SERVICES (440)

APPROPRIATION AMOUNTS BY FUND GROUP	1992—93	1993—94	BIEN. TOTAL
INCR/(DECR) REQUESTED			
GENERAL	2,184,183	2,592,186	4,776,369
NON-GENERAL	0	0	0
ALL FUNDS :	2,184,183 .	2,592.186	4,776,369

LANGUAGE: .

Page 138. line	19,	strike	“10,680,654”	and	insert	“12,864,837”
Page 138, line	19.	strike	“10.680,654’	and	insert	“13,272,840”

JUSTIFICATION FOR REQUEST:

(This amendment provides funds to allow Virginia to continue its participation in the fourth year of the federal program for Infants and Toddlers with Disabilities. Extended participation will allow Virginia to ensure that a comprehensive early intervention service system is in place prior to entering the fifth year when needed services to all eligible infants and toddlers must be provided. These funds will provide services to children with a diagnosed handicapped condition such as Down Syndrome, who are currently receiving limited or no services.)

HOUSE BILL NO. 817

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions on February 6, 1992)

(Patron Prior to Substitute—Delegate Christian)

A BILL to amend and reenact §§ 2.1-1.7. 9-6.23, and 9-6.25:1 of the Code of Virginia and to amend the Code of Virginia by adding in Title 2.1 a chapter numbered 46, consisting of sections numbered 2.1-745 through 2.1-753, relating to early intervention services for infants and toddlers with disabilities.

Be it enacted by the General Assembly of Virginia:

1. That §§ 2.1-1.7, 9-6.23, and 9-6.25:1 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Title 2.1 a chapter numbered 46, consisting of sections numbered 2.1-745 through 2.1-753, as follows:

§ 2.1-1.7. State councils. —A. There shall be, in addition to such others as may be established by law, the following permanent collegial bodies either affiliated with more than one agency or independent of an agency within the executive branch:

Agricultural Council, Virginia
Alcohol and Drug Abuse Problems, Governor's Council on
Apprenticeship Council
~~Bench Erosion Council, Virginia~~
Child Day Care and Early Childhood Programs, Virginia Council on
Child Day-Care Council
Citizens' Advisory Council on Furnishing and Interpreting the Executive Mansion
Commonwealth's Attorneys' Services and Training Council
Developmental Disabilities Planning Council, Virginia
Equal Employment Opportunity Council, Virginia
Handicapped Children, Interagency Coordinating Council on Delivery of Related Services to
Health Services Cost Review Council, Virginia
Housing for the Disabled, Interagency Coordinating Council on
Human Rights, Council on
Human Services Information and Referral Advisory Council
Indians, Council on
Interagency Coordinating Council, Virginia
Job Training Coordinating Council, Governor's
Land Evaluation Advisory Council
Local Debt, State Council on
Long-Term Care Council
Military Advisory Council, Virginia
Needs of Handicapped Persons, Overall Advisory Council on the
Prevention, Virginia Council on Coordinating
Public Records Advisory Council, State
Rate-setting for Children's Facilities, Interdepartmental Council on
Revenue Estimates, Advisory Council on
State Health Benefits Advisory Council
Status of Women, Council on the

B. Notwithstanding the definition for "council" as provided in § 2.1-1.2, the following entities shall be referred to as councils:

Environment, Council on the
Council on Information Management
Higher Education, State Council of

World Trade Council, Virginia.

§ *2.1-745. Definitions used in this chapter, unless the context requires otherwise:*

"Council" means the Virginia Interagency Coordinating Council.

"Early intervention services" means services provided through Part H of the individuals with Disabilities Education Act (20 U.S.C. 1470) designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development and provided to children from birth to age three who have (i) *a twenty-five percent developmental delay in one or more areas of development, (ii) atypical development, or (iii) a handicapping condition.*

"Participating agencies" means the Departments of Health. Deaf and Hard-of-Hearing, Education, Medical Assistance Services, Mental Health, Mental Retardation and Substance Abuse Services, Social Services, and the Visually Handicapped; the Department for Rights of Virginians with Disabilities; and the Bureau of Insurance within the State Corporation Commission.

§ *2.1-746. Secretaries of Health and Human Resources and Education to work together. — The Secretaries of Health and Human Resources and Education shall work together in.*

1. Promoting interagency consensus and facilitating complimentary agency positions on issues relating to early intervention services;

2. Examining and evaluating the effectiveness of state agency programs, services, and plans for early intervention services and identifying duplications, inefficiencies, and unmet needs;

3. Analyzing state agency budget requests and any other budget items affecting early intervention services;

4. Proposing ways of realigning funding to promote interagency initiatives and programs for early intervention services;

5. Formulating recommendations on planning, priorities, and expenditures for early intervention services and communicating the recommendations to the Governor and state agency heads

6. Formulating joint policy positions and statements on legislative issues regarding early intervention services and communicating those positions and statements to the General Assembly; and

7. Resolving interagency disputes and assigning financial responsibility in accordance with Part H of the individuals with Disabilities Education Act (20 U.S.C. 1470).

§ *2.1-747. Early intervention agencies committee—An early intervention agencies committee shall be established to ensure the implementation of a comprehensive system for early intervention services. The committee shall be composed of the Commissioner of the Department of Health, the Director of the Department of Deaf and Hard of Hearing, the Superintendent of Public instruction, the Director of the Department of Medical Assistance Services, the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Commissioner of the Department of Social Service, the Commissioner of the Department for the Visually Handicapped, the Director of the Department for Rights of Virginians with Disabilities, and the Commissioner of the Bureau of insurance within the State Corporation Commission. The committee shall meet at least twice each fiscal year and shall make annual recommendations to the Secretary of Health and Human Resources and the Secretary of Education on issues that require interagency planning, financing, and resolution. Each member of the committee shall appoint a representative from his agency to serve on the Virginia Interagency Coordinating Council.*

§ *2.1-748. Duties of participating agencies.--The duties of the participating agencies shall include.'*

1. Establishing a statewide system of early intervention services in accordance with state

and federal statutes and regulations;

2. identifying and maximizing coordination of all available public and private resources for early intervention services.

3. Developing and implementing formal state interagency agreements that define the financial responsibility and service obligations of each participating agency for early intervention services, establish procedures for resolving disputes and address any additional matters necessary to ensure collaboration,'

4. Consulting with the lead agency in the promulgation of regulations to implement the early intervention services system, including developing definitions of eligibility and services;

5. Carrying out decisions resulting from the dispute resolution process;

6. Providing assistance to localities in the implementation of a comprehensive early intervention services system in accordance with state and federal statutes and regulations; and

7. Requesting and reviewing data and reports on the implementation of early intervention services from counterpart local agencies.

§ 2.1-749. Lead agency's duties—To facilitate the implementation of an early intervention services system and to ensure compliance with federal requirements, the Governor shall appoint a lead agency. The duties of the lead agency shall include:

1. Promulgating regulations to implement an early intervention services system, in consultation with other participating agencies; the regulations shall be promulgated in accordance with the provisions of the Administrative Process Act (*§ 9-6.14:1 et seq.);*

2. Providing technical assistance to localities in the establishment and operation of local interagency coordinating councils; and

3. Establishing an interagency system of monitoring and supervision of the early intervention services system.

§ 2.1-750. Virginia Interagency Coordinating Council,' composition and duties. —A. The Virginia Interagency Coordinating Council is hereby continued to promote and coordinate early intervention services in the Commonwealth. The membership and operation of the Council shall be as required by Part H of the individuals with Disabilities Education Act (20 U.S.C. 1470). The agency representatives shall be appointed by the member of their agency who serves on the early intervention agencies committee. Agency representatives shall regularly inform their agency head of the Council's activities and the status of the implementation of an early intervention services system in the Commonwealth.

B. The Council's duties shall include advising and assisting the lead agency in the following:

1. Performing its responsibilities for the early intervention services system,

2. Identifying sources of fiscal and other support for early intervention services recommending financial responsibility arrangements among agencies, and promoting interagency agreements;

3. Developing strategies to encourage full participation,' coordination, and cooperation of all appropriate agencies;

4. Resolving interagency disputes;

5. Gathering information about problems that impede timely and effective service delivery and taking steps to ensure that any identified policy problems are resolved;

6. Preparing federal grant applications; and

7. Preparing and submitting an annual report to the Governor and the U.S. Secretary of Education on the status of early intervention services within the Commonwealth.

§ 2.1-751. Local interagency coordinating councils.--A. The lead agency, in consultation with the Virginia Interagency Coordinating Council, shall establish local interagency councils on a statewide basis to enable early intervention service providers to establish working

relationships that will increase the efficiency and effectiveness of early intervention services. The membership of local interagency councils shall include designees from the following agencies who are authorized to make funding and policy decisions; community services board, department of health, department of social services, and local school division. These designees shall designate additional council members as follows: at least one parent representative who in not an employee of any public or private program which serves infants and toddlers with disabilities; representatives from community providers of early intervention services; and representatives from other service providers as deemed appropriate. Every county and city may appoint a representative to the respective local interagency coordinating council.

B. The duties of local interagency coordinating councils shall include:

1. Identifying existing early intervention services and resources;

2. Identifying gaps in 'the service delivery system and developing strategies to address these gaps;

3. Identifying alternative funding sources;

4. Facilitating the development of interagency agreements arid supporting the development of service coalitions,'

5. Assisting in the implementation of policies and procedures that will promote interagency collaboration; and

6. Developing local procedures and determining mechanisms for implementing policies and procedures in accordance with state and federal statutes and regulations.

C. Localities shall not be mandated to fund any costs under this chapter either directly or through participating local public agencies.

§ 2.1-752. Duties of local public agencies.—Local public agencies represented on local interagency coordinating councils are responsible for

1. Providing services as appropriate and agreed upon by members of the local interagency coordinating council;

2. Maintaining data and providing information as requested to their respective state agencies;

3. Developing and implementing interagency agreements;

4. Complying with applicable state and federal regulations arid local policies and procedures; and

5. Following procedural safeguards and dispute resolution procedures as promulgated by the Commonwealth;

§ 2.1-753. Existing funding levels—Any federal funds made available through Part H of the individuals with Disabilities Education Act and any state funds appropriated specifically for Part H services shall supplement overall funding for services currently provided under Part H of the Individuals with Disabilities Education Act.

§ 9-6.23. Prohibition against service by legislators on boards and commissions within the executive branch—Members of the General Assembly shall be Ineligible to serve on boards and commissions within the executive branch which are responsible for administering programs established by the General Assembly, Such prohibition shall not extend to boards and commissions engaged solely in policy studies or commemorative activities, If any law directs the appointment of any member of the General Assembly to a board or commission in the executive branch which is responsible for administering programs established by the General Assembly, such portion, of such law shall be void and the Governor shall appoint another person from the Commonwealth at large to fill such a position. The provisions of this section shall not apply, however, to members of the Board for Branch Pilots, who shall be appointed as provided for In § 54.1-901, to members of the Commission on VASAP, who shall be appointed as provided for In § 18.2-271.2, to members of the Board on Veterans' Affairs, who shall be appointed as provided

for in § 2.1-741, to members of the Council on Indians, who shall be appointed as provided for In § 9-138.1, ~~or~~ to members of the Board of Trustees of the Southwest Virginia Higher Education Center, who shall be appointed as provided In § 23-231.3 *or to members of the Virginia Interagency Coordinating Council who shall be appointed as provided in § 2.1-750.*

§ 9-6.25:1. Advisory boards, commissions and councils.--There shall be, in addition to such others as may be designated in accordance with § 9-6.25, the following advisory boards, commissions and councils within the executive branch:

Advisory Board for the Department for the Deaf and Hard-of-Hearing
Advisory Board for the Department of Aging
Advisory Board on Child Abuse and Neglect
Advisory Board on Medicare and Medicaid
Advisory Board on Occupational Therapy
Advisory Board on Physical Therapy to the Board of Medicine
Advisory Board on Respiratory Therapy to the Board of Medicine
Advisory Board on Teacher Education and Certification
Advisory Commission, on Mapping, Surveying, and Land Information Systems
Advisory Council on Revenue Estimates
Appomattox State Scenic River Advisory Board
Art and Architectural Review Board
Board of Directors, Virginia Truck and Ornamentals Research Station
Board of Forestry
Board of Health Professions
Board of Military Affairs
Board of Transportation Safety
Board of Trustees of the Family and Children's Trust Fund
Board of Visitors, Gunston Hall Plantation
Board on Veterans' Affairs
Catoctin Creek State Scenic River Advisory Board
Cave Board
Chickahominy State Scenic River Advisory Board
Coal Surface Mining Reclamation Fund Advisory Board
Council on Indians
Council on the Status of Women
Dual Party Relay Services Advisory Board
Emergency Medical Services Advisory Board
Falls of the James Committee
Forensic Science Advisory Board
Goose Creek Scenic River Advisory Board
Governor's Council on Alcohol and Drug Abuse Problems
Governor's Mined Land Reclamation Advisory Committee
Handicapped Children, Interagency Coordinating Council on Delivery of Related Services to
Hemophilia Advisory Board
Human Services Information and Referral Advisory Council
Industrial Development Services Advisory Board
Interagency Coordinating Council on Housing for the Disabled
Interdepartmental Board of the State Department of Minority Business Enterprise
Laboratory Services Advisory Board
Local Advisory Board to the Blue Ridge Community College
Local Advisory Board to the Central Virginia Community College
Local Advisory Board to the Dabney S. Lancaster Community College

Local Advisory Board to the Danville Community College
Local Advisory Board to the Eastern Shore Community College
Local Advisory Board to the Germanna Community College
Local Advisory Board to the J. Sargeant Reynolds Community College
Local Advisory Board to the John Tyler Community College
Local Advisory Board to the Lord Fairfax Community College
Local Advisory Board to the Mountain Empire Community College
Local Advisory Board to the New River Community College
Local Advisory Board to the Northern Virginia Community College
Local Advisory Board to the Patrick Henry Community College
Local Advisory Board to the Paul D. Camp Community College
Local Advisory Board to the Piedmont Community College
Local Advisory Board to the Rappahannock Community College
Local Advisory Board to the Southwest Virginia Community College
Local Advisory Board to the Thomas Nelson Community College
Local Advisory Board to the Tidewater Community College
Local Advisory Board to the Virginia Highlands Community College
Local Advisory Board to the Virginia Western Community College
Local Advisory Board to the Wytheville Community College
Long-Term Care Council
Medical Advisory Board, Department of Motor Vehicles
Medical Board of the Virginia Retirement System
Migrant and Seasonal Farmworkers Board
Motor Vehicle Dealer's Advisory Board
Nottoway State Scenic River Advisory Board
Personnel Advisory Board
Plant Pollination Advisory Board
Private College Advisory Board
Private Security Services Advisory Board
Psychiatric Advisory Board
Radiation Advisory Board
Rappahannock Scenic River Advisory Board
Reforestation Board
Retirement System Review Board
Rockfish State Scenic River Advisory Board
Shenandoah State Scenic River Advisory Board
Small Business Advisory Board
St Mary's Scenic River Advisory Committee
State Advisory Board on Air Pollution
State Advisory Board for the Virginia Employment Commission
State Building Code Technical Review Board
State Council on Local Debt
State Health Benefits Advisory Council
State Insurance Advisory Board
State Land Evaluation Advisory Council
State Networking Users Advisory Board
State Perinatal Services Advisory Board

State Public Records Advisory Council
~~State Health Benefits Advisory Council~~
Staunton Scenic River Advisory Committee
Tourism and Travel Services Advisory Board
Toxic Substances Advisory Board
Virginia Advisory Commission on Intergovernmental Relations
Virginia Coal Research and Development Advisory Board
Virginia Commission for the Arts
Virginia Commission on the Bicentennial of the United States Constitution
Virginia Council on Coordinating Prevention
Virginia Equal Employment Opportunity Council
Virginia Interagency Coordinating Council
Virginia Military Advisory Council
Virginia Mine Safety Board
Virginia Public Buildings Board
Virginia Transplant Council
Virginia War Memorial Board
Virginia Water Resources Research Center, Statewide Advisory Board
Virginia Winegrowers Advisory Board

1993 SESSION
ENGROSSED

HOUSE JOINT RESOLUTION NO. 626
House Amendments in [ ]- February 4, 1993

Expressing the sense of the *General Assembly* ***that the*** *Governor should undertake an* ***Actions [*** ~~*necessary*~~ ***to*** ~~***fully***~~ ***implement fully*** *]* ***early intervention*** *services* ***for infants and toddlers with disabilities and their families in the Commonwealth.***

Patrons—Christian, Connally, Cox, Mayer and Plum; Senators: Miller, Y.B. and Wampler Referred to the Committee on Health, Welfare and Institutions

WHEREAS, the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers was established in 1990 by House Joint Resolution No. 164 to study the programmatic and fiscal Impact of the Commonwealth's implementing Part H of the Education of the Handicapped Act; and

WHEREAS, the joint subcommittee was continued In 1991 by House Joint Resolution No. 380 and in 1992 by Resolution No. 187 and the joint subcommittee will ask the 1993 General Assembly to continue its existence for an additional year; and

WHEREAS, Part H of the Education of the Handicapped Act, was subsequently reauthorized by Congress as Part H of the Individuals with Disabilities Education Act; and

WHEREAS, Part H is a discretionary federal grant program of early intervention services to infants and toddlers with disabilities and their families and is required to be a statewide, comprehensive, coordinated, and interagency system; and

WHEREAS, the joint subcommittee has carefully studied the complex budget and service delivery Issues involved In the Part H Program and has determined that Virginia should fully implement the Part H Program in 1993 by moving into the fifth year of participation in the federal grant program; and

WHEREAS, studies show that early intervention programs for infants and toddlers with disabilities reduce expenditures for special education, residential placements, and other human services; and

WHEREAS, early intervention services provide substantial support for the families of infants and toddlers with disabilities and enhance the quality of life not only for the child with disabilities but for all of the members of the child's family; and

WHEREAS, Virginia currently has waiting lists of children who need early intervention services but are not able to receive them because of a lack of resources; and

WHEREAS, by moving into the fifth year of grant participation the Commonwealth would receive in September, 1993, $3.95 million in federal money and possibly an additional $1.25 million, and would receive not less than **$** 4.7 million in September 1994: all with no state or local match required; and

WHEREAS, because early intervention works and saves money, the federal grant funds should be obtained as quickly as possible so that services can be expanded and more lives can be impacted; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That it is the sense of the

General Assembly that the Governor should undertake all actions to [~~take whatever steps are necessary to fully~~ implement fully] early intervention services to infants and toddlers with disabilities in the Commonwealth and to ensure that the Commonwealth moves into the fifth year of grant participation in the Part H Program in 1993.

GENERAL ASSEMBLY OF VIRGINIA--1993 SESSION
HOUSE JOINT RESOLUTION NO. 627

Continuing the Joint Subcommittee Studying Early Intervention Services for Infants and Toddlers with Disabilities.

Agreed to by the House of Delegates, February 9, 1993
Agreed to by the Senate, February 16, 1993

WHEREAS, the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers was established In 1990 by House Joint Resolution No. 164 to study the programmatic and fiscal Impact of the Commonwealth's implementing Part H of the Education of the Handicapped Act; and

WHEREAS, the joint subcommittee was continued In 1991 by House Joint Resolution No. 380 and In 1992 by House Joint Resolution No. 187; and

WHEREAS, Part H of the Education of the Handicapped Act, was subsequently reauthorized by Congress as Part H of the Individuals with Disabilities Education Act; and

WHEREAS, the change In the name of the Act reflected the preference for the use of "disabled" over "handicapped" and the joint subcommittee voted to change Its name to the Joint Subcommittee Studying Early Intervention Services for Infants and Toddlers with Disabilities; and

WHEREAS, Part H is a discretionary five-year federal grant program of early Intervention services to infants and toddlers with disabilities and to their families; and

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services was designated by the Governor as the lead agency for the development and Implementation of Part H, which Is required to be a statewide, comprehensive, coordinated and Interagency system; and

WHEREAS, there must be substantial cooperation In complex budget and service delivery areas among the state agencies Involved in services for infants and toddlers with disabilities, particularly agencies under the Secretary of Health and Human Resources and the Secretary of Education; and

WHEREAS, the joint subcommittee recognizes that early Intervention services are of vital Importance to Virginia's families with Infants and toddlers with disabilities and that, because early Intervention services can prevent or mitigate numerous problems, the expansion of early Intervention services will ultimately benefit all citizens of the Commonwealth; and

WHEREAS, Virginia has completed four years of the five-year grant and is currently in extended participation; and

WHEREAS, the joint subcommittee has recommended that the Commonwealth proceed to full Implementation of Part H as soon as possible, which will necessitate resolution of complex budget and service delivery issues; and

WHEREAS, the Joint subcommittee has made a number of recommendations to further the Implementation of early intervention services in Virginia, particularly those regarding the funding of services and encouraging state and local Interagency collaboration; and

WHEREAS, although the joint subcommittee's recommendations are in the process of being implemented, the process is time consuming and complex, and, therefore, the subcommittee feels it is advisable to monitor the progress of those recommendations; now,

therefore, be it

RESOLVED by the House of Delegates, the Senate concurring That the Joint Subcommittee Studying Early Intervention Services for Infants and Toddlers with Disabilities be continued to monitor the Implementation of recommendations that It has made regarding (i) ways of funding early Intervention services, Including expanding the use of Medicaid (ii) ways of Increasing interagency participation In establishing providing and funding early intervention services; (iii) ways of reaching populations that are underserved because of cultural diversity; (iv) the impact of serving at-risk children; (v) how responsibility should be delineated for two-year olds who may be eligible for special education and/or early Intervention services; and (vi) the extent of and remedies for shortages of personnel who provide early intervention services. The Joint subcommittee shall be composed of 11 members: five members of the House of Delegates to be appointed by the Speaker of the House; three members of the Senate to be appointed by the Senate Committee on Privileges and Elections; and three citizen members to be appointed by the Governor.

The Departments of Health, Education, Medical Assistance Services, Mental Health, Mental Retardation and Substance Abuse Services, Planning and Budget, and Social Services; the Departments for the Visually Handicapped, for the Deaf and Hard-of-Hearing and for Rights of Virginians with Disabilities; and the Bureau of Insurance within the State Corporation Commission shall assist the Joint subcommittee.

The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1994 Session of the General Assembly as provided in the procedures for the Division of Legislative Automated Systems for the processing of legislative documents.

The Indirect and direct costs for this study shall be assumed by federal grant funds to the Commonwealth under Part H of the Individuals with Disabilities Education Act.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.

HOUSE JOINT RESOLUTION NO. 292

Memorializing Congress to reauthorize Part H of the Individuals with Disabilities Education Act.

Agreed to by the House of Delegates, February 8, 1994
Agreed to by the Senate, March 8, 1994

WHEREAS, Part H of the Individuals with Disabilities Education Act is a discretionary five-year federal grant program of early intervention services to infants and toddlers with disabilities and to their families; and

WHEREAS, Part H of the Education of the Handicapped Act was enacted by Congress in October 1986 as an amendment to P.L. 94-142 because of a strong congressional desire to serve children starting at birth; and

WHEREAS, Part H of the Education of the Handicapped Act was subsequently reauthorized by Congress as Part H of the Individuals with Disabilities Education Act, reflecting the preference for the use of "disabled" over "handicapped"; and

WHEREAS, Virginia has participated in the grant program since 1987 and entered into full implementation in September 1993 when it commenced its fifth year of the five-year grant program; and

WHEREAS, Virginia has received a considerable amount of technical and financial assistance from the federal government in expanding and improving its early intervention services since it first began participation in the federal grant program; and

WHEREAS, the expansion and improvement of early intervention services in Virginia have provided substantial support for the families of infants and toddlers with disabilities and have enhanced the quality of life not only for the child with disabilities, but also for all members of the child's family; and

WHEREAS, early intervention services are of vital importance to Virginia's families with infants and toddlers with disabilities and because early intervention services can prevent or mitigate numerous problems, the expansion of early intervention services ultimately benefits all citizens of the Commonwealth and the United States; and

WHEREAS, studies show that early intervention programs for infants and toddlers with disabilities reduce expenditures for special education, residential placements, and other human services; and

WHEREAS, numerous state and local agencies have worked very hard to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency Part H Program in Virginia; and

WHEREAS, the Virginia General Assembly established the Joint Subcommittee Studying Early Intervention Services for Infants and Toddlers with Disabilities in 1990 to study the fiscal and programmatic impact of adopting public policy for the implementation of Part H, and the joint subcommittee has continued in existence because of the complexity and importance of funding and service delivery issues; and

WHEREAS, early intervention works and saves money; and the improvements that Virginia has attained cannot be maintained without participation in the federal grant program; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That Congress be urged to reauthorize Part H of the Individuals with Disabilities Education Act so that Virginia can maintain and improve the early intervention services that are currently available in the Commonwealth so that more lives can be impacted; and, be it

RESOLVED FURTHER, That the Clerk of the House of Delegates transmit copies of this resolution to the President of the United States, the Speaker of the United States House of Representatives, the President of the United States Senate, and the Virginia Congressional Delegation so that they may be apprised of the sense of the General Assembly of Virginia.

HOUSE JOINT RESOLUTION NO. 511

Continuing the Joint Subcommittee Studying Early Intervention Services for Infants and Toddlers with Disabilities.

Agreed to by the House of Delegates, February 4, 1995
Agreed to by the Senate, February 21, 1995

WHEREAS, the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers was established in 1990 by House Joint Resolution No. 164 to study the programmatic and fiscal impact of the Commonwealth's implementing Part H of the Education of the Handicapped Act; and

WHEREAS, the joint subcommittee was continued in 1991 by House Joint Resolution No. 380, in 1992 by House Joint Resolution No. 187, in 1993 by House Joint Resolution No. 627 and in 1994 by House Joint Resolution No. 196; and

WHEREAS, Part H of the Education of the Handicapped Act was subsequently reauthorized by Congress as Part H of the Individuals with Disabilities Education Act; and

WHEREAS, the change in the name of the Act reflected the preference for the use of "disabled" over "handicapped" and the joint subcommittee voted to change its name to the Joint Subcommittee Studying Early Intervention Services for Infants and Toddlers with Disabilities; and

WHEREAS, Part H is a discretionary five-year federal grant program of early intervention services to infants and toddlers with disabilities and to their families; and

WHEREAS, the Department of Mental Health, Mental Retardation and Substance Abuse Services was designated by the Governor as the lead agency for the development and implementation of Part H, which is required to be a statewide, comprehensive, coordinated and interagency system; and

WHEREAS, there must be substantial cooperation in complex budget and service delivery areas among the state agencies involved in services for infants and toddlers with disabilities, particularly agencies under the Secretary of Health and Human Resources and the Secretary of Education; and

WHEREAS, the joint subcommittee recognizes that early intervention services are of vital importance to Virginia's families with infants and toddlers with disabilities and that, because early intervention services can prevent or mitigate numerous problems, the expansion of early intervention services will ultimately benefit all citizens of the Commonwealth; and

WHEREAS, Virginia entered into full implementation in September 1993, when it commenced its fifth year of the five-year grant program; and

WHEREAS, the joint subcommittee has made a number of recommendations to further the implementation of early intervention services in Virginia, particularly those regarding the funding of services, and to encourage state and local interagency collaboration; and

WHEREAS, although the joint subcommittee's recommendations are in the process of being implemented, the process is time-consuming and complex; therefore, the subcommittee feels it is advisable to continue to monitor the progress of those recommendations; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Subcommittee Studying Early Intervention Services for Infants and Toddlers with Disabilities be continued to monitor the implementation of recommendations that it has made regarding (i) ways of funding early intervention services, including expanding the use of Medicaid particularly for service coordination and case management; (ii) ways of increasing interagency participation in establishing, providing and funding early intervention services; (iii) ways of reaching populations that are underserved because of cultural diversity; (iv) the impact of serving at-risk children; (v) how responsibility should be delineated for two-year-olds who may be eligible for special education and/or early intervention services; (vi) the extent of and remedies for shortages of personnel who provide early intervention services; and (vii) private insurance issues, including mandated insurance benefits for early intervention services. The joint subcommittee shall be composed of 11 members: five members of the House of Delegates to be appointed by the Speaker of the House; three members of the Senate to be appointed by the Senate Committee on Privileges and Elections; and three citizen members to be appointed by the Governor.

The Departments of Health, Education, Medical Assistance Services, Mental Health, Mental Retardation and Substance Abuse Services, Planning and Budget, and Social Services; the Departments for the Visually Handicapped, for the Deaf and Hard-of-Hearing, and for Rights of Virginians with Disabilities; and the Bureau of Insurance within the State Corporation Commission shall assist the joint subcommittee.
The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1997 Session of the General Assembly as provided in the procedures for the Division of Legislative Automated Systems for the processing of legislative documents.

The indirect and direct costs for this study shall be assumed by federal grant funds to the Commonwealth under Part H of the Individuals with Disabilities Education Act.
Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.

CHAPTER 625

An Act to amend and reenact § 38.2-4319 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 38.2-3418.3, relating to accident and sickness insurance; coverage for early intervention services.

[H 1413]
Approved April 15, 1998

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-4319 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered 38.2-3418.3 as follows:

§ 38.2-3418.3. Coverage for early intervention services.

A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for medically necessary early intervention services under such policy, contract or plan delivered, issued for delivery or renewed in this Commonwealth on and after July 1, 1998. Such coverage shall be limited to a benefit of $5,000 per insured or member per policy or calendar year and, except as set forth in subsection C, shall be subject to such dollar limits, deductibles and coinsurance factors as are no less favorable than for physical illness generally.

B. For the purpose of this section, "early intervention services" means medically necessary speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age three who are certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services as eligible for services under Part H of the Individuals with Disabilities Education Act (20 U.S.C. § 1471 et seq.). "Medically necessary early intervention services for the population certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services" shall mean those services designed to help an individual attain or retain the capability to function age-appropriately within his environment, and shall include services that enhance functional ability without effecting a cure.

C. The cost of early intervention services shall not be applied to any contractual provision limiting the total amount of coverage paid by the insurer, corporation or health maintenance organization to or on behalf of the insured or member during the insured's or member's lifetime. D. "Financial costs", as used in this section, shall mean any copayment, coinsurance, or deductible in the policy or plan. Financial costs may be paid through the use of federal Part H program funds, state general funds, or local government funds appropriated to implement Part H services for families who may refuse the use of their insurance to pay for early intervention services due to a financial cost.

E. The provisions of this section shall not apply to short-term travel, accident only, limited or specified disease policies, policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or governmental plans or to short-term nonrenewable policies of not more than six months duration.

§ 38.2-4319. Statutory construction and relationship to other laws.

A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-200, 38.2-210 through 38.2-213, 38.2-218 through 38.2-225, 38.2-229, 38.2-232, 38.2-305, 38.2-316, 38.2-322, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 38.2-620, Chapter 9 (§ 38.2-900 et seq.) of this title, 38.2-1057, 38.2-1306.2 through 38.2-1309, Article 4 (§ 38.2-1317 et seq.) of Chapter 13, §§ 38.2-1800 through 38.2-1836, 38.2-3401, 38.2-3405, 38.2-3405.1, 38.2-3407.2 through 38.2-3407.6, 38.2-3407.9, 38.2-3407.10, 38.2-3407.11, 38.2-3411.2, 38.2-3414.1, 38.2-3418.1~~, 38.2-3418.1:1~~, ~~38.2-3418.1:2~~, ~~38.2-3418.2~~, *through 38.2-3418.3*, 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, 38.2-3514.1, 38.2-3514.2, 38.2-3525, 38.2-3542, Chapter 53 (§ 38.2-5300 et seq.) and Chapter 54 (§ 38.2-5400 et seq.) of this title shall be applicable to any health maintenance organization granted a license under this chapter. This chapter shall not apply to an insurer or health services plan licensed and regulated in conformance with the insurance laws or Chapter 42 (§ 38.2-4200 et seq.) of this title except with respect to the activities of its health maintenance organization.

B. Solicitation of enrollees by a licensed health maintenance organization or by its representatives shall not be construed to violate any provisions of law relating to solicitation or advertising by health professionals.

C. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful practice of medicine. All health care providers associated with a health maintenance organization shall be subject to all provisions of law.

D. Notwithstanding the definition of an eligible employee as set forth in § 38.2-3431, a health maintenance organization providing health care plans pursuant to § 38.2-3431 shall not be required to offer coverage to or accept applications from an employee who does not reside within the health maintenance organization's service area.

CHAPTER 573

An Act to amend and reenact § 32.1-325 of the Code of Virginia, relating to medical assistance services.

[H 1021]
Approved April 15, 1998

Be it enacted by the General Assembly of Virginia:

1. That § 32.1-325 of the Code of Virginia is amended and reenacted as follows:
§ 32.1-325. Board to submit plan for medical assistance services to Secretary of Health and Human Services pursuant to federal law; administration of plan; contracts with health care providers.

A. The Board, subject to the approval of the Governor, is authorized to prepare, amend from time to time and submit to the Secretary of the United States Department of Health and Human Services a state plan for medical assistance services pursuant to Title XIX of the United States Social Security Act and any amendments thereto. The Board shall include in such plan:

1. A provision for payment of medical assistance on behalf of individuals, up to the age of twenty-one, placed in foster homes or private institutions by private, nonprofit agencies licensed as child-placing agencies by the Department of Social Services or placed through state and local subsidized adoptions to the extent permitted under federal statute;

2. A provision for determining eligibility for benefits for medically needy individuals which disregards from countable resources an amount not in excess of $2,500 for the individual and an amount not in excess of $2,500 for his spouse when such resources have been set aside to meet the burial expenses of the individual or his spouse. The amount disregarded shall be reduced by (i) the face value of life insurance on the life of an individual owned by the individual or his spouse if the cash surrender value of such policies has been excluded from countable resources and (ii) the amount of any other revocable or irrevocable trust, contract, or other arrangement specifically designated for the purpose of meeting the individual's or his spouse's burial expenses;

3. A requirement that, in determining eligibility, a home shall be disregarded. For those medically needy persons whose eligibility for medical assistance is required by federal law to be dependent on the budget methodology for Aid to Families with Dependent Children, a home means the house and lot used as the principal residence and all contiguous property. For all other persons, a home shall mean the house and lot used as the principal residence, as well as all contiguous property, as long as the value of the land, exclusive of the lot occupied by the house, does not exceed $5,000. In any case in which the definition of home as provided here is more restrictive than that provided in the state plan for medical assistance in Virginia as it was in effect on January 1, 1972, then a home means the house and lot used as the principal residence and all contiguous property essential to the operation of the home regardless of value;

4. A provision for payment of medical assistance on behalf of individuals up to the age of twenty-one, who are Medicaid eligible, for medically necessary stays in acute care facilities in excess of twenty-one days per admission;

5. A provision for deducting from an institutionalized recipient's income an amount for the maintenance of the individual's spouse at home;

6. A provision for payment of medical assistance on behalf of pregnant women which provides for payment for inpatient postpartum treatment in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Payment shall be made for any postpartum home visit or visits for the mothers and the children which are within the time periods recommended by the attending physicians in accordance with and as indicated by such Guidelines or Standards. For the purposes of this subdivision, such Guidelines or Standards shall include any changes thereto within six months of the publication of such Guidelines or Standards or any official amendment thereto;

7. A provision for payment of medical assistance for high-dose chemotherapy and bone marrow transplants on behalf of individuals over the age of twenty-one who have been diagnosed with lymphoma or breast cancer and have been determined by the treating health care provider to have a performance status sufficient to proceed with such high-dose chemotherapy and bone marrow transplant. Regulations to implement this provision shall be effective in 280 days or less of the enactment of this subdivision. Appeals of these cases shall be handled in accordance with the Department's expedited appeals process; ~~and~~

8. A provision identifying entities approved by the Board to receive applications and to determine eligibility for medical assistance*; and*

9. A provision for payment of medical assistance on behalf of individuals between birth and age three who are (i) eligible for Medicaid and (ii) certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services as eligible for services under Part H of the Individuals with Disabilities Education Act (20 U.S.C. § 1471 et seq.) which provides for such Part H services to be carved out of Medallion II when such services are covered under the state plan for medical assistance services.

In preparing the plan, the Board shall work cooperatively with the State Board of Health to ensure that quality patient care is provided and that the health, safety, security, rights and welfare of patients are ensured. The Board shall also initiate such cost containment or other measures as are set forth in the appropriations act. The Board may make, adopt, promulgate and enforce such regulations as may be necessary to carry out the provisions of this chapter.

The Board's regulations shall incorporate sanctions and remedies for certified nursing facilities established by state law, in accordance with 42 C.F.R. § 488.400 et seq. "Enforcement of Compliance for Long-Term Care Facilities With Deficiencies."

In order to enable the Commonwealth to continue to receive federal grants or reimbursement for medical assistance or related services, the Board, subject to the approval of the Governor, may adopt, regardless of any other provision of this chapter, such amendments to the state plan for medical assistance services as may be necessary to conform such plan with amendments to the United States Social Security Act or other relevant federal law and their implementing regulations or constructions of these laws and regulations by courts of competent jurisdiction or the United States Secretary of Health and Human Services.
In the event conforming amendments to the state plan for medical assistance services are adopted, the Board shall not be required to comply with the requirements of Article 2 (§ 9-6.14:7.1 et seq.) of Chapter 1.1:1 of Title 9. However, the Board shall, pursuant to the requirements of § 9-6.14:4.1, (i) notify the Registrar of Regulations that such amendment is necessary to meet the requirements of federal law or regulations or because of the order of any state or federal court, or (ii) certify to the Governor that the regulations are necessitated by an emergency situation. Any such amendments which are in conflict with the Code of Virginia shall only remain in effect until July 1 following adjournment of the next regular session of the General Assembly unless enacted into law.

B. The Director of Medical Assistance Services is authorized to administer such state plan and to receive and expend federal funds therefore in accordance with applicable federal and state laws and regulations; and to enter into all contracts necessary or incidental to the performance of the Department's duties and the execution of its powers as provided by law.

C. The Director of Medical Assistance Services is authorized to enter into agreements and contracts with medical care facilities, physicians, dentists and other health care providers where necessary to carry out the provisions of such state plan. Any such agreement or contract shall terminate upon conviction of the provider of a felony. In the event such conviction is reversed upon appeal, the provider may apply to the Director of Medical Assistance Services for a new agreement or contract. Such provider may also apply to the Director for reconsideration of the agreement or contract termination if the conviction is not appealed, or if it is not reversed upon appeal.

The Director may refuse to enter into or renew an agreement or contract with any provider which has been convicted of a felony. In addition, the Director may refuse to enter into or renew an agreement or contract with a provider who is or has been a principal in a professional or other corporation when such corporation has been convicted of a felony.

In any case in which a Medicaid agreement or contract is denied to a provider on the basis of his interest in a convicted professional or other corporation, the Director shall, upon request, conduct a hearing in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) regarding the provider's participation in the conduct resulting in the conviction.

The Director's decision upon reconsideration shall be consistent with federal and state laws. The Director may consider the nature and extent of any adverse impact the agreement or contract denial or termination may have on the medical care provided to Virginia Medicaid recipients.

When the services provided for by such plan are services which a clinical psychologist or a clinical social worker or licensed professional counselor or clinical nurse specialist is licensed to render in Virginia, the Director shall contract with any duly licensed clinical psychologist or licensed clinical social worker or licensed professional counselor or licensed clinical nurse specialist who makes application to be a provider of such services, and thereafter shall pay for covered services as provided in the state plan. The Board shall promulgate regulations which reimburse licensed clinical psychologists, licensed clinical social workers, licensed professional counselors and licensed clinical nurse specialists at rates based upon reasonable criteria, including the professional credentials required for licensure. These regulations shall be effective within 280 days of July 1, 1996. The Board shall promulgate regulations for the reimbursement of licensed clinical nurse specialists to be effective within 280 days of the enactment of this provision.

D. The Board shall prepare and submit to the Secretary of the United States Department of Health and Human Services such amendments to the state plan for medical assistance as may be permitted by federal law to establish a program of family assistance whereby children over the age of eighteen years shall make reasonable contributions, as determined by regulations of the Board, toward the cost of providing medical assistance under the plan to their parents.

E. The Director is authorized to negotiate and enter into agreements for services rendered to eligible recipients with special needs. The Board shall promulgate regulations regarding these special needs patients, to include persons with AIDS, ventilator-dependent patients, and other recipients with special needs as defined by the Board.

Except as provided in subsection I of § 11-45, the provisions of the Virginia Public Procurement Act (§ 11-35 et seq.) shall not apply to the activities of the Director authorized by this subsection. Agreements made pursuant to this subsection shall comply with federal law and regulation.

2. That the provisions of this act shall not become effective unless reenacted by the 1999 Session of the General Assembly.

§ 2.1-20.1. Health and related insurance for state employees.

A. 1. The Governor shall establish a plan for providing health insurance coverage, including chiropractic treatment, hospitalization, medical, surgical and major medical coverage, for state employees and retired state employees with the Commonwealth paying the cost thereof to the extent of the coverage included in such plan. The Department of Human Resource Management shall administer this section. The plan chosen shall provide means whereby coverage for the families or dependents of state employees may be purchased. The Commonwealth may pay all or a portion of the cost thereof, and for such portion as the Commonwealth does not pay, the employee may purchase the coverage by paying the additional cost over the cost of coverage for an employee.

2. Such contribution shall be financed through appropriations provided by law.

B. The plan shall:

1. a. Include coverage for low-dose screening mammograms for determining the presence of occult breast cancer. Such coverage shall make available one screening mammogram to persons age thirty-five through thirty-nine, one such mammogram biennially to persons age forty through forty-nine, and one such mammogram annually to persons age fifty and over and may be limited to a benefit of fifty dollars per mammogram subject to such dollar limits, deductibles, and coinsurance factors as are no less favorable than for physical illness generally. The term "mammogram" shall mean an X-ray examination of the breast using equipment dedicated specifically for mammography, including but not limited to the X-ray tube, filter, compression device, screens, film, and cassettes, with an average radiation exposure of less than one rad mid-breast, two views of each breast.

b. In order to be considered a screening mammogram for which coverage shall be made available under this section:

(1) The mammogram must be (i) ordered by a health care practitioner acting within the scope of his licensure and, in the case of an enrollee of a health maintenance organization, by the health maintenance organization physician, (ii) performed by a registered technologist, (iii) interpreted by a qualified radiologist, and (iv) performed under the direction of a person licensed to practice medicine and surgery and certified by the American Board of Radiology or an equivalent examining body. A copy of the mammogram report must be sent or delivered to the health care practitioner who ordered it;

(2) The equipment used to perform the mammogram shall meet the standards set forth by the Virginia Department of Health in its radiation protection regulations; and

(3) The mammography film shall be retained by the radiologic facility performing the examination in accordance with the American College of Radiology guidelines or state law.

2. Include coverage for the treatment of breast cancer by dose-intensive chemotherapy with autologous bone marrow transplants or stem cell support when performed at a clinical program

authorized to provide such therapies as a part of clinical trials sponsored by the National Cancer Institute. For persons previously covered under the plan, there shall be no denial of coverage due to the existence of a preexisting condition.

3. Include coverage for postpartum services providing inpatient care and a home visit or visits which shall be in accordance with the medical criteria outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists. Such coverage shall be provided incorporating any changes in such Guidelines or Standards within six months of the publication of such Guidelines or Standards or any official amendment thereto.

4. a. Include an appeals process for resolution of written complaints concerning denials or partial denials of claims that shall provide reasonable procedures for resolution of such written complaints and shall be published and disseminated to all covered state employees. Such appeals process shall include a separate expedited emergency appeals procedure which shall provide resolution within one business day of receipt of a complaint concerning situations requiring immediate medical care. For appeals involving adverse decisions as defined in § 32.1-137.7, the Department shall contract with one or more impartial health entities to review such decisions. Impartial health entities may include medical peer review organizations and independent utilization review companies. The Department shall adopt regulations to assure that the impartial health entity conducting the reviews has adequate standards, credentials and experience for such review. The impartial health entity shall examine the final denial of claims to determine whether the decision is objective, clinically valid, and compatible with established principles of health care. The decision of the impartial health entity shall (i) be in writing, (ii) contain findings of fact as to the material issues in the case and the basis for those findings, and (iii) be final and binding if consistent with law and policy.

b. Prior to assigning an appeal to an impartial health entity, the Department shall verify that the impartial health entity conducting the review of a denial of claims has no relationship or association with (i) the covered employee, (ii) the treating health care provider, or any of its employees or affiliates, (iii) the medical care facility at which the covered service would be provided, or any of its employees or affiliates, or (iv) the development or manufacture of the drug, device, procedure or other therapy which is the subject of the final denial of a claim. The impartial health entity shall not be a subsidiary of, nor owned or controlled by, a health plan, a trade association of health plans, or a professional association of health care providers. There shall be no liability on the part of and no cause of action shall arise against any officer or employee of an impartial health entity for any actions taken or not taken or statements made by such officer or employee in good faith in the performance of his powers and duties.

5. Include coverage for early intervention services. For purposes of this section, "early intervention services" means medically necessary speech and language therapy, occupational therapy, physical therapy and assistive technology services and devices for dependents from birth to age three who are certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services as eligible for services under Part H of the Individuals with

Disabilities Education Act (20 U.S.C. § 1471 et seq.). Medically necessary early intervention services for the population certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services shall mean those services designed to help an individual attain or retain the capability to function age-appropriately within his environment, and shall include services which enhance functional ability without effecting a cure.

For persons previously covered under the plan, there shall be no denial of coverage due to the existence of a preexisting condition. The cost of early intervention services shall not be applied to any contractual provision limiting the total amount of coverage paid by the insurer to or on behalf of the insured during the insured's lifetime.

6. Include coverage for prescription drugs and devices approved by the United States Food and Drug Administration for use as contraceptives.

7. Not deny coverage for any drug approved by the United States Food and Drug Administration for use in the treatment of cancer on the basis that the drug has not been approved by the United States Food and Drug Administration for the treatment of the specific type of cancer for which the drug has been prescribed, if the drug has been recognized as safe and effective for treatment of that specific type of cancer in one of the standard reference compendia.

8. Not deny coverage for any drug prescribed to treat a covered indication so long as the drug has been approved by the United States Food and Drug Administration for at least one indication and the drug is recognized for treatment of the covered indication in one of the standard reference compendia or in substantially accepted peer-reviewed medical literature.

9. Include coverage for equipment, supplies and outpatient self-management training and education, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin-using diabetes if prescribed by a health care professional legally authorized to prescribe such items under law. To qualify for coverage under this subdivision, diabetes outpatient self-management training and education shall be provided by a certified, registered or licensed health care professional.

10. Include coverage for reconstructive breast surgery. For purposes of this section, "reconstructive breast surgery" means surgery performed on and after July 1, 1998, (i) coincident with a mastectomy performed for breast cancer or (ii) following a mastectomy performed for breast cancer to reestablish symmetry between the two breasts. For persons previously covered under the plan, there may be no denial of coverage due to preexisting conditions.

11. Include coverage for annual pap smears, including coverage, on and after July 1, 1999, for annual testing performed by any FDA-approved gynecologic cytology screening technologies.

12. Include coverage providing a minimum stay in the hospital of not less than forty-eight hours for a patient following a radical or modified radical mastectomy and twenty-four hours of inpatient care following a total mastectomy or a partial mastectomy with lymph node dissection for treatment of breast cancer. Nothing in this subdivision shall be construed as requiring the

provision of inpatient coverage where the attending physician in consultation with the patient determines that a shorter period of hospital stay is appropriate.

13. Include coverage (i) to persons age fifty and over and (ii) to persons age forty and over who are at high risk for prostate cancer, according to the most recent published guidelines of the American Cancer Society, for one PSA test in a twelve-month period and digital rectal examinations, all in accordance with American Cancer Society guidelines. For the purpose of this subdivision, "PSA testing" means the analysis of a blood sample to determine the level of prostate specific antigen.

14. Permit any individual covered under the plan direct access to the health care services of a participating specialist (i) authorized to provide services under the plan and (ii) selected by the covered individual. The plan shall have a procedure by which an individual who has an ongoing special condition may, after consultation with the primary care physician, receive a referral to a specialist for such condition who shall be responsible for and capable of providing and coordinating the individual's primary and specialty care related to the initial specialty care referral. If such an individual's care would most appropriately be coordinated by such a specialist, the plan shall refer the individual to a specialist. For the purposes of this subdivision, "special condition" means a condition or disease that is (i) life-threatening, degenerative, or disabling and (ii) requires specialized medical care over a prolonged period of time. Within the treatment period authorized by the referral, such specialist shall be permitted to treat the individual without a further referral from the individual's primary care provider and may authorize such referrals, procedures, tests, and other medical services related to the initial referral as the individual's primary care provider would otherwise be permitted to provide or authorize. The plan shall have a procedure by which an individual who has an ongoing special condition that requires ongoing care from a specialist may receive a standing referral to such specialist for the treatment of the special condition. If the primary care provider, in consultation with the plan and the specialist, if any, determines that such a standing referral is appropriate, the plan or issuer shall make such a referral to a specialist. Nothing contained herein shall prohibit the plan from requiring a participating specialist to provide written notification to the covered individual's primary care physician of any visit to such specialist. Such notification may include a description of the health care services rendered at the time of the visit.

15. a. Include provisions allowing employees to continue receiving health care services for a period of up to ninety days from the date of the primary care physician's notice of termination from any of the plan's provider panels.

b. The plan shall notify any provider at least ninety days prior to the date of termination of the provider, except when the provider is terminated for cause.

c. For a period of at least ninety days from the date of the notice of a provider's termination from any of the plan's provider panels, except when a provider is terminated for cause, a provider shall be permitted by the plan to render health care services to any of the covered employees who (i) were in an active course of treatment from the provider prior to the notice of termination and (ii) request to continue receiving health care services from the provider.

d. Notwithstanding the provisions of clause a, any provider shall be permitted by the plan to continue rendering health services to any covered employee who has entered the second trimester of pregnancy at the time of the provider's termination of participation, except when a provider is terminated for cause. Such treatment shall, at the covered employee's option, continue through the provision of postpartum care directly related to the delivery.

e. Notwithstanding the provisions of clause a, any provider shall be permitted by the plan to continue rendering health services to any covered employee who is determined to be terminally ill (as defined under § 1861 (dd) (3) (A) of the Social Security Act) at the time of a provider's termination of participation, except when a provider is terminated for cause. Such treatment shall, at the covered employee's option, continue for the remainder of the employee's life for care directly related to the treatment of the terminal illness.

f. A provider who continues to render health care services pursuant to this subdivision shall be reimbursed in accordance with the carrier's agreement with such provider existing immediately before the provider's termination of participation.

16. a. Include coverage for patient costs incurred during participation in clinical trials for treatment studies on cancer, including ovarian cancer trials.

b. The reimbursement for patient costs incurred during participation in clinical trials for treatment studies on cancer shall be determined in the same manner as reimbursement is determined for other medical and surgical procedures. Such coverage shall have durational limits, dollar limits, deductibles, copayments and coinsurance factors that are no less favorable than for physical illness generally.

c. For purposes of this subdivision:

"Cooperative group" means a formal network of facilities that collaborate on research projects and have an established NIH-approved peer review program operating within the group. "Cooperative group" includes (i) the National Cancer Institute Clinical Cooperative Group and (ii) the National Cancer Institute Community Clinical Oncology Program.

"FDA" means the Federal Food and Drug Administration.

"Multiple project assurance contract" means a contract between an institution and the federal Department of Health and Human Services that defines the relationship of the institution to the federal Department of Health and Human Services and sets out the responsibilities of the institution and the procedures that will be used by the institution to protect human subjects.

"NCI" means the National Cancer Institute.

"NIH" means the National Institutes of Health.

"Patient" means a person covered under the plan established pursuant to this section.

"Patient cost" means the cost of a medically necessary health care service that is incurred as a result of the treatment being provided to a patient for purposes of a clinical trial. "Patient cost" does not include (i) the cost of nonhealth care services that a patient may be required to receive as a result of the treatment being provided for purposes of a clinical trial, (ii) costs associated with managing the research associated with the clinical trial, or (iii) the cost of the investigational drug or device.

d. Coverage for patient costs incurred during clinical trials for treatment studies on cancer shall be provided if the treatment is being conducted in a Phase II, Phase III, or Phase IV clinical trial. Such treatment may, however, be provided on a case-by-case basis if the treatment is being provided in a Phase I clinical trial.

e. The treatment described in clause d shall be provided by a clinical trial approved by:

(1) The National Cancer Institute;

(2) An NCI cooperative group or an NCI center;

(3) The FDA in the form of an investigational new drug application;

(4) The federal Department of Veterans Affairs; or

(5) An institutional review board of an institution in the Commonwealth that has a multiple project assurance contract approved by the Office of Protection from Research Risks of the NCI.

f. The facility and personnel providing the treatment shall be capable of doing so by virtue of their experience, training, and expertise.

g. Coverage under this section shall apply only if:

(1) There is no clearly superior, noninvestigational treatment alternative;

(2) The available clinical or preclinical data provide a reasonable expectation that the treatment will be at least as effective as the noninvestigational alternative; and

(3) The patient and the physician or health care provider who provides services to the patient under the plan conclude that the patient's participation in the clinical trial would be appropriate, pursuant to procedures established by the plan.

17. Include coverage providing a minimum stay in the hospital of not less than twenty-three hours for a covered employee following a laparoscopy-assisted vaginal hysterectomy and forty-eight hours for a covered employee following a vaginal hysterectomy, as outlined in Milliman & Robertson's nationally recognized guidelines. Nothing in this subdivision shall be construed as requiring the provision of the total hours referenced when the attending physician, in consultation with the covered employee, determines that a shorter hospital stay is appropriate.

18. (Effective until July 1, 2004) a. Include coverage for biologically based mental illness.

b. For purposes of this subdivision, a "biologically based mental illness" is any mental or nervous condition caused by a biological disorder of the brain that results in a clinically significant syndrome that substantially limits the person's functioning; specifically, the following diagnoses are defined as biologically based mental illness as they apply to adults and children: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention deficit hyperactivity disorder, autism, and drug and alcoholism addiction.

c. Coverage for biologically based mental illnesses shall neither be different nor separate from coverage for any other illness, condition or disorder for purposes of determining deductibles, benefit year or lifetime durational limits, benefit year or lifetime dollar limits, lifetime episodes or treatment limits, copayment and coinsurance factors, and benefit year maximum for deductibles and copayment and coinsurance factors.

d. Nothing shall preclude the undertaking of usual and customary procedures to determine the appropriateness of, and medical necessity for, treatment of biologically based mental illnesses under this option, provided that all such appropriateness and medical necessity determinations are made in the same manner as those determinations made for the treatment of any other illness, condition or disorder covered by such policy or contract.

e. In no case, however, shall coverage for mental disorders provided pursuant to this section be diminished or reduced below the coverage in effect for such disorders on January 1, 1999.

19. Offer and make available coverage for the treatment of morbid obesity through gastric bypass surgery or such other methods as may be recognized by the National Institutes of Health as effective for the long-term reversal of morbid obesity. Such coverage shall have durational limits, dollar limits, deductibles, copayments and coinsurance factors that are no less favorable than for physical illness generally. Access to surgery for morbid obesity shall not be restricted based upon dietary or any other criteria not approved by the National Institutes of Health. For purposes of this subdivision, "morbid obesity" means (i) a weight that is at least 100 pounds over or twice the ideal weight for frame, age, height, and gender as specified in the 1983 Metropolitan Life Insurance tables, (ii) a body mass index (BMI) equal to or greater than 35 kilograms per meter squared with comorbidity or coexisting medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea, or diabetes, or (iii) a BMI of 40 kilograms per meter squared without such comorbidity. As used herein, "BMI" equals weight in kilograms divided by height in meters squared.

20. Include coverage for colorectal cancer screening, specifically screening with an annual fecal occult blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging, in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations. The coverage for colorectal cancer screening shall not be more restrictive than or separate from coverage provided for any other illness, condition or disorder for purposes of determining

deductibles, benefit year or lifetime durational limits, benefit year or lifetime dollar limits, lifetime episodes or treatment limits, copayment and coinsurance factors, and benefit year maximum for deductibles and copayments and coinsurance factors.

C. Claims incurred during a fiscal year but not reported during that fiscal year shall be paid from such funds as shall be appropriated by law. Appropriations, premiums and other payments shall be deposited in the employee health insurance fund, from which payments for claims, premiums, cost containment programs and administrative expenses shall be withdrawn from time to time. The funds of the health insurance fund shall be deemed separate and independent trust funds, shall be segregated from all other funds of the Commonwealth, and shall be invested and administered solely in the interests of the employees and beneficiaries thereof. Neither the General Assembly nor any public officer, employee, or agency shall use or authorize the use of such trust funds for any purpose other than as provided in law for benefits, refunds, and administrative expenses, including but not limited to legislative oversight of the health insurance fund.

D. For the purposes of this section:

"Peer-reviewed medical literature" means a scientific study published only after having been critically reviewed for scientific accuracy, validity, and reliability by unbiased independent experts in a journal that has been determined by the International Committee of Medical Journal Editors to have met the Uniform Requirements for Manuscripts submitted to biomedical journals. Peer-reviewed medical literature does not include publications or supplements to publications that are sponsored to a significant extent by a pharmaceutical manufacturing company or health carrier.

"Standard reference compendia" means the American Medical Association Drug Evaluations, the American Hospital Formulary Service Drug Information, or the United States Pharmacopoeia Dispensing Information.

"State employee" means state employee as defined in § 51.1-124.3, employee as defined in § 51.1-201, the Governor, Lieutenant Governor and Attorney General, judge as defined in § 51.1-301 and judges, clerks and deputy clerks of regional juvenile and domestic relations, county juvenile and domestic relations, and district courts of the Commonwealth, interns and residents employed by the School of Medicine and Hospital of the University of Virginia, and interns, residents, and employees of the Virginia Commonwealth University Health System Authority as provided in § 23-50.16:24.

E. Provisions shall be made for retired employees to obtain coverage under the above plan, including, as an option, coverage for vision and dental care. The Commonwealth may, but shall not be obligated to, pay all or any portion of the cost thereof.

F. Any self-insured group health insurance plan established by the Department of Human Resource Management which utilizes a network of preferred providers shall not exclude any physician solely on the basis of a reprimand or censure from the Board of Medicine, so long as the physician otherwise meets the plan criteria established by the Department.

G. The plan established by the Department shall include, in each planning district, at least two health coverage options, each sponsored by unrelated entities. In each planning district that does not have an available health coverage alternative, the Department shall voluntarily enter into negotiations at any time with any health coverage provider who seeks to provide coverage under the plan. This section shall not apply to any state agency authorized by the Department to establish and administer its own health insurance coverage plan separate from the plan established by the Department.

H. 1. Any self-insured group health insurance plan established by the Department of Human Resource Management that includes coverage for prescription drugs on an outpatient basis may apply a formulary to the prescription drug benefits provided by the plan if the formulary is developed, reviewed at least annually, and updated as necessary in consultation with and with the approval of a pharmacy and therapeutics committee, a majority of whose members are actively practicing licensed (i) pharmacists, (ii) physicians, and (iii) other health care providers.

2. If the plan maintains one or more drug formularies, the plan shall establish a process to allow a person to obtain, without additional cost-sharing beyond that provided for formulary prescription drugs in the plan, a specific, medically necessary nonformulary prescription drug if, after reasonable investigation and consultation with the prescribing physician, the formulary drug is determined to be an inappropriate therapy for the medical condition of the person. The plan shall act on such requests within one business day of receipt of the request.

I. Any plan established by the Department of Human Resource Management requiring preauthorization prior to rendering medical treatment shall have personnel available to provide authorization at all times when such preauthorization is required.

J. Any plan established by the Department of Human Resource Management shall provide to all covered employees written notice of any benefit reductions during the contract period at least thirty days before such reductions become effective.

K. No contract between a provider and any plan established by the Department of Human Resource Management shall include provisions which require a health care provider or health care provider group to deny covered services that such provider or group knows to be medically necessary and appropriate that are provided with respect to a covered employee with similar medical conditions.

L. 1. The Department of Human Resource Management shall appoint an Ombudsman to promote and protect the interests of covered employees under any state employee's health plan.

2. The Ombudsman shall:

a. Assist covered employees in understanding their rights and the processes available to them according to their state health plan.

b. Answer inquiries from covered employees by telephone and electronic mail.

c. Provide to covered employees information concerning the state health plans.

d. Develop information on the types of health plans available, including benefits and complaint procedures and appeals.

e. Make available, either separately or through an existing Internet web site utilized by the Department of Human Resource Management, information as set forth in clause d and such additional information as he deems appropriate.

f. Maintain data on inquiries received, the types of assistance requested, any actions taken and the disposition of each such matter.

g. Upon request, assist covered employees in using the procedures and processes available to them from their health plan, including all appeal procedures. Such assistance may require the review of health care records of a covered employee, which shall be done only with that employee's express written consent. The confidentiality of any such medical records shall be maintained in accordance with the confidentiality and disclosure laws of the Commonwealth.

h. Ensure that covered employees have access to the services provided by the Ombudsman and that the covered employees receive timely responses from the Ombudsman or his representatives to the inquiries.

i. Report annually on his activities to the standing committees of the General Assembly having jurisdiction over insurance and over health and the Joint Commission on Health Care by December 1 of each year.

M. 1. The plan established by the Department of Human Resource Management shall not refuse to accept or make reimbursement pursuant to an assignment of benefits made to a dentist or oral surgeon by a covered employee.

2. For purposes of this subsection, "assignment of benefits" means the transfer of dental care coverage reimbursement benefits or other rights under the plan. The assignment of benefits shall not be effective until the covered employee notifies the plan in writing of the assignment.

N. Any group health insurance plan established by the Department of Human Resource Management that contains a coordination of benefits provision shall provide written notification to any eligible employee as a prominent part of its enrollment materials that if such eligible employee is covered under another group accident and sickness insurance policy, group accident and sickness subscription contract, or group health care plan for health care services, that insurance policy, subscription contract or health care plan may have primary responsibility for the covered expenses of other family members enrolled with the eligible employee. Such written notification shall describe generally the conditions upon which the other coverage would be primary for dependent children enrolled under the eligible employee's coverage and the method by which the eligible enrollee may verify from the plan which coverage would have primary responsibility for the covered expenses of each family member.

POLICY MANUAL

State Mental Health, Mental Retardation and Substance Abuse Services Board
Department of Mental Health, Mental Retardation and Substance Abuse Services

POLICY 4037(CSB)91-2

SUBJECT: Early Intervention Program for Infants and Toddlers with Disabilities and Their Families

AUTHORITY: Board Minutes Dated May 22, 1991

Effective Date May 22, 1991

Approved by Board Chairman _____

REFERENCES: Education of the Handicapped Act (EHA), Part H enacted by PL 99-457; renamed in 1990 as Part H of the Individuals with Disabilities Education Act (IDEA) (PL 101-476); amended in 1991 by the Individuals with Disabilities Education Act Amendments of 1991 (PL 102-119) §? 37.1-194, Code of Virginia (1950) as amended State Board Policy 1021(SYS)87-9 on Core Services House Joint Resolution No. 164, Virginia General Assembly Session 1990 Virginia Part H Policies and Procedures/ Application to U.S. Department of Education Virginia Early Intervention Policies and Procedures House Bill 817, Virginia General Assembly Session 1992 House Joint Resolution 626, Virginia General Assembly Session 1993 House Joint Resolution 627, Virginia General Assembly Session 1993

BACKGROUND: Through Public Law 99-457, Part H of the Education of the Handicapped Act was passed in 1986. It was renamed Part H of the Individuals With Disabilities Act and re-authorized in 1991. It authorizes the United States Department of Education to administer a five-year discretionary grant program for states to plan, develop, and implement a statewide, comprehensive, coordinated, interagency system of early intervention services for infants and toddlers with disabilities, birth through two (2) years of age, and their families.

In 1987, the Governor designated the Department of Mental Health, Mental Retardation and Substance Abuse Services as the "Lead Agency" to administer the Part H program. In March 1988, the Governor originally

appointed the Virginia Interagency Coordinating Council (VICC) to advise and assist the Lead Agency in accordance with Federal requirements. Since 1988, the VICC and the "Lead Agency" have worked collaboratively to develop policies and procedures for a comprehensive early intervention system of services.

Recognizing the importance of the national initiative for Virginia, the 1990 General Assembly established the Joint Subcommittee Studying Early Intervention Services for Handicapped Infants and Toddlers. The 1992 General Assembly enacted House Bill 817, which established the administrative structure necessary for Part H implementation. The bill reinforces Virginia's commitment to the Part H program and codifies the shared responsibilities of state agencies in implementing Part H in the Commonwealth. In the 1993 General Assembly, HJR 626 was passed recommending Virginia's movement into full implementation of the Part H program in September, 1993. Also passed was the HJR 627, continuing the work of the legislative subcommittee.

Virginia is currently in the fourth year extended participation in the Part H program. To receive fifth year and subsequent grant funding under Part H, Virginia's application to the U.S. Department of Education must include assurances that the State has adopted policy incorporating all components of a statewide system of early intervention as specified in the law and that the statewide system of early intervention services is in effect.

PURPOSE: The purposes of this policy are to establish Virginia's commitment to fully implement a statewide system of early intervention services to infants and toddlers with disabilities and their families as required by Part H and to meet the requirements for fifth year and continuing participation in the national Part H program.

POLICY: It is the policy of the State Mental Health, Mental Retardation and Substance Abuse Services Board that the DMHMRSAS, in cooperation with the Department of Education, the Department of Health, the Department of Social Services, the Department for the Visually Handicapped, the Department for Rights of Virginians with Disabilities, the Department of Medical Assistance Services, the Department for the Deaf and Hard of Hearing and the Bureau of Insurance of the State

Corporation Commission shall through local interagency coordinating councils which include membership of community services boards, local school boards, local health departments, state/regional/local representatives of the other participating state departments, and through other private and private nonprofit agencies fully implement a statewide, comprehensive, coordinated, interagency, multidisciplinary system of providing early intervention services to all children eligible under Part H of the Individuals with Disabilities Education Act (IDEA) and their families. The system of services shall incorporate all of the components of a statewide system of early intervention services that are required in the regulations under Part H. DMHMRSAS will continue the facilitation and coordination of all activities with the advice and assistance of the Virginia Interagency Coordinating Council (VICC).

It is further the policy of the Board that DMHMRSAS, in cooperation with the other participating state departments involved in Part H through their state/regional/local agencies or representatives, make available multidisciplinary evaluation and assessment, development and full implementation of individualized family service plans (IFSP), and service coordination to Part H eligible children, birth through two years of age, and their families no later than the beginning of the fifth year of participation (September 1993) and conduct these services in accordance with procedures as delineated in Virginia's Part H policies and procedures.

It is further the policy of the Board that local communities through their interagency collaborative efforts will continue to have the option of deciding how to best meet the needs of at-risk children to the extent that resources are available for this purpose. DMHMRSAS, in cooperation with other state agencies and with the assistance of the VICC, will continue to study the service needs of infants and toddlers at-risk to plan for appropriate means of serving those children and their families.

It is further the policy of the Board that DMHMRSAS in cooperation with the other participating state departments involved in Part H through their state/regional/local agencies or representatives provide the following services under Part H at no cost to parents:

- implementing child find activities including screening and referral
- evaluation and assessment
- service coordination
- administration and coordinative activities related to the development, review, and evaluation of individualized family service plans (IFSPs) and implementation of the procedural safeguards

It is further the policy of the Board that with the exception of the services listed above that are Federally required to be available at no cost to families, services contained in the IFSP may be provided subject to a system of sliding fees in accordance with Federal and state law under Virginia early intervention policies and procedures.

It is further the policy of the Board that DMHMRSAS, with the advice and assistance of the VICC, use the federally required Virginia Part H policies and procedures as the basis for statewide implementation of the Part H program.

It is further the policy of the Board that DMHMRSAS as lead agency, on behalf of the state agencies involved in Part H and with the advice and assistance of the Virginia Interagency Coordinating Council and through local interagency coordinating councils, continue to coordinate and support efforts in each community which meet community needs.

The Commissioner shall assign a staff coordinator who will develop a plan for implementation, monitoring and evaluation of this policy.

A MEMORANDUM OF AGREEMENT

AMONG THE AGENCIES

INVOLVED IN THE IMPLEMENTATION OF

PART H OF THE

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

TO MEET FULL

IMPLEMENTATION REQUIREMENTS

SEPTEMBER 1996

WHEREAS, the Commonwealth of Virginia remains fully committed to the design and implementation of an interagency, community-based, family-centered system of early intervention services for all eligible children and their families, recognizing that children are our most precious resource and represent the future hopes for Virginia and the nation; and

WHEREAS, the *Code of Virginia*, §§2.1-760, defines those charged with upholding this commitment as the Departments of: Health; Deaf and Hard of Hearing; Education; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; and the Visually Handicapped; the Department for Rights of Virginians with Disabilities; and the Bureau of Insurance within the State Corporation Commission; and

WHEREAS, it is recognized that early intervention services can reduce (1) the number of children that will require more costly special education services later, and (2) the amount and intensity of services needed later in life by children with disabilities; and

WHEREAS, the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services Board approved Policy 4037(CSB)91-92 on May 22, 1991, to further Virginia's commitment to the goals of the Part H Program; and

WHEREAS, the Commonwealth currently assures the availability of evaluation and assessment, the development of an Individualized Family Services Plan (IFSP), the provision of service coordination and the availability of all services contained in the IFSP to all eligible infants and toddlers and their families; and

WHEREAS, the Joint Legislative Subcommittee Studying Early Intervention Services for Infants and Toddlers with Disabilities, established by HJR 380 (1991), endorsed Virginia's continued participation in the Part H Program and supported state funding and state legislation to establish the interagency administrative structure necessary for Part H implementation (House Bill 817, 1992) and introduced House Joint Resolution 626 which was passed by the 1993 General Assembly expressing support for Virginia's movement into full implementation of Part H in September 1993; and

WHEREAS, Virginia currently serves all Part H eligible children who have been identified through child find efforts at both the state and local levels, and federal Part H funds enable the Commonwealth to serve these children and their families; and

WHEREAS, federal Part H dollars will continue to be available for 40 local interagency coordinating councils (ICCs) that are engaged in planning and implementation processes which are designed to coordinate maximum use of all available resources; and

WHEREAS, in addition to federal and other funds, Part H early intervention state dollars totaling $125,000 annually have been appropriated by the General Assembly to assist localities in providing Part H services as established by local ICCs; and

WHEREAS, the Virginia Interagency Coordinating Council (VICC), as representative of parents, public and private agencies, and other relevant advocates, remains committed to continued full implementation of the early intervention program.

THEREFORE, The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS); the Department of Education (DOE); the Virginia Department of Health (VDH); the Department of Social Services (DSS); the Department for the Visually Handicapped (DVH); the Department for Rights of Virginians with Disabilities (DRVD); the Department of Medical Assistance Services (DMAS); the Department for the Deaf and Hard of Hearing (VDDHH); and the Bureau of Insurance within the State Corporation Commission hereby reaffirm commitment to continued participation in and implementation of the federal Part H program. These agencies agree that implementation activities and the roles and responsibilities of all agencies, state and local, are determined by federal regulations 34 CFR Part 303, the Virginia Part H Policies and Procedures, and the provisions of the *Code of Virginia*, §§2.1-760 through 2.1-768 as amended and effective July 1, 1992, and other federal and state laws and regulations as may apply.

OBJECTIVES TO BE ACCOMPLISHED UNDER THIS AGREEMENT

(1) To continue the full implementation of a statewide, community-based, family centered, interagency system of early intervention services for all eligible children and their families.

(2) To continue to meet the full implementation requirements under IDEA, Part H program, according to 34 CFR Part 303, and as established through Virginia DMHMRSAS Board Policy 4037(CSB)91-92 and as described by the Virginia Part H Policies and Procedures.

(3) To participate in the activities necessary to maintain continued participation under Part H and to complete systems activities necessary to ensure continued full implementation of the Part H program. These activities will include, among other things, the joint a) identification and coordination of all available public and private resources to ensure the availability of services; b) support of interagency joint requests for state revenues identified by local ICCs through the local planning process for early intervention; and c) participation in the dispute resolution process, the complaint procedures and all procedural safeguards policies and procedures as included in the Virginia Part H Policies and Procedures.

SLIDING FEE SCALES

With the exception of the services of child find, evaluation, development of the Individualized Family Service Plan (IFSP), and procedural safeguards that are required by federal regulation to be available at no cost to families, services listed on the IFSP may be provided subject to sliding fees established in accordance with federal and state law and Virginia Part H Policies and Procedures.

FINANCIAL MATTERS

Except as provided in 34 CFR 303.527, Part H funds may not be used to satisfy a commitment for services that would otherwise have been paid for from other public or private sources but for the enactment of Part H. In this regard, Part H funds are designated as the payor of last resort.

Resources and funding responsibilities for provision of services required under full Part H participation are determined at the local level through the ICC planning process. All 40 local ICCs use local policies and procedures which address the provision of public awareness and child find, evaluation and assessment, development of IFSPs, and the provision of service coordination and all services included in the IFSP. Maximum use of all third party funding sources, including Medicaid and Medicaid Managed Care plans and private insurance, is required. State planning efforts support and facilitate such resource determination. Determination of local agency responsibility for the provision of entitled services is based upon eligibility criteria established by individual agency and the availability of services in each locality as specified in each council's local interagency agreement. DMHMRSAS as Lead Agency for Part H, however, is ultimately responsible for ensuring the availability of services to which a child and family is entitled, including multidisciplinary evaluation and assessment, development and implementation of the Individualized Family Service Plan (IFSP), and service coordination. Child find is a joint responsibility of DMHMRSAS and the Department of Education.

Individual agency services and eligibility criteria for the provision of services in localities follow.

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

Services Offered

The majority of Community Services Boards, which are local agencies receiving funds from DMHMRSAS, provide or contract for an array of early intervention services for disabled or at risk infants/toddlers and their families from birth through age two. Services that are available include:

- implementation of child find activities;
- participation in the multidisciplinary evaluation and assessment;
- provision of service coordination;
- development of the Individualized Family Service Plan (IFSP);
- provision of assistive technology services and devices;
- provision of audiology;
- provision of family training, counseling, and home visits;
- provision of occupational therapy;
- provision of physical therapy;
- provision of speech-language pathology;

- provision of psychological services;
- provision of respite care;
- provision of social work services;
- provision of special instruction;
- provision of transportation and related costs;
- provision of medical services;
- provision of health services; and
- provision of nursing services.

Eligibility Criteria

Infants/toddlers, and their families, are eligible to receive early intervention services provided through the Community Services Board as specified in this agreement if the infants/toddlers meet Virginia's Part H Definition of Eligibility as outlined in Virginia's Part H Policies and Procedures.

Financial Responsibility

Local community services boards are obligated to fund and provide the specified early intervention services to the eligible population as set forth in local interagency agreements.

DEPARTMENT OF EDUCATION

Services Offered

The Department of Education accepts joint responsibility for child find as described in the "Child Find" section of this agreement. The Department of Education agrees to cooperate with other agencies and coordinate its efforts with regard to transition activities designed to meet the federal requirements of Part H, including the amendments made by P.L. 102-119, for children transitioning to other services from the Part H program. A local school system may choose to offer some or all of its services to children below the age of two. If a school system chooses to offer services to children below age two, these services should be specified in local interagency agreements. All services provided to children below age two must be in compliance with the federal requirements for Part H as interpreted in Virginia's Part H Policies and Procedures.

Eligibility Criteria

If local school divisions choose to serve infants and toddlers under the age of two and their families, those children shall meet Virginia's Part H Definition of Eligibility as outlined in Virginia's Part H Policies and Procedures.

Financial Responsibility

Financial responsibility for services provided by local school divisions will be determined through local interagency agreements.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

Services Offered

Virginia Medicaid pays for medically necessary services that are ordered by a physician for persons determined to meet the Medicaid eligibility requirements. Services for which reimbursement is available are those approved in the State Plan for Medical Assistance Services. Under the Early Periodic Screening Diagnosis and Treatment program (EPSDT), reimbursement for non-state plan covered services may be obtained if the services are medically necessary, determined to be needed during an EPSDT screening, and are listed in Section 1905(a) of the Social Security Act. State Plan covered services include, but are not limited to, physician services, hospital services, physical therapy, occupational therapy, speech language pathology, home health, lab and x-ray services, and care coordination for high risk infants up to age 2. Preauthorization may be required for some services.

Eligibility Criteria

Medicaid eligibility determinations are made by local social services departments. Recipients are eligible as "categorically needy" or “medically needy". Medicaid will not pay for care or services rendered before the beginning date of eligibility or after the end date of eligibility.

Financial Responsibility

By federal regulation, if the recipient has access to other health insurance, that payment source must be utilized before Medicaid reimbursement can be made.

DEPARTMENT OF SOCIAL SERVICES

Services Offered

Local departments of social services may provide the following services:

- Child Find: Local departments may participate in child find activities as agreed to by local councils.
- Evaluation and Assessment: Local departments may participate in Part H evaluations and assessments for children and families being served by DSS by identifying children potentially eligible for Part H services, assessing the child's unique needs and the family's strengths, resources, and priorities.
- Family Training and Counseling: Local departments' caseworkers may provide family training and counseling, refer families for family training and counseling, or in some cases pay for family training and counseling for children and families eligible for those services.
- Respite Care: Local departments may provide or pay for respite care services for children and families when needed to prevent family disruption or alleviate abuse and neglect.
- Service Coordination: Local department caseworkers may provide service coordination assistance to families and children eligible for those DSS services.
- Social Work Services: Local departments may provide social work services to families and children eligible for those DSS services through making home visits to evaluate the child's living conditions and parent-child interaction, working with the problems in the family's living situation that affect the child's maximum utilization of early intervention services, and identifying, mobilizing and coordinating community resources and services to enable children and families to receive maximum benefit from early intervention services.
- Transportation: Local departments may provide transportation and related services to families and children eligible for those DSS services to allow the family and child to participate in early intervention services.

Eligibility Criteria

Universal Access: eligible for services without regard to income including:

- Intake;
- Prevention and support services for families to prevent foster care placement;
- Child Protective Services;
- Foster Care/Adoption Services.

Income Maintenance: eligible due to receiving ADC, SSI, or Auxiliary Grants. Services are available within limits set by the local Board.

Eligibility Based on Income: eligible based on family income and size. Services are available within limits set by the local Board.

Financial Responsibility

Local departments of social services are obligated to fund and provide services based on eligibility and available funding. They may also access services through the Family Assessment and Planning Teams, using pooled funds available through the Comprehensive Services Act for At-Risk Youth and Families.

DEPARTMENT OF HEALTH

Services Offered

The Virginia Department of Health (VDH) offers Regional Child Development Clinics (CDCs) at 12 locations throughout the state providing multidisciplinary evaluations/ assessments and short-term intervention for children of all ages with primary or secondary emotional, psychological or behavioral problems or developmental delays which may be indicators of such problems. VDH also provides a program for children with special health care needs, Children's Specialty Services (CSS), which includes regional clinics conducted at 27 locations throughout the state. CSS offers health assessments for specific medical conditions and rehabilitative and treatment services for eligible children with those conditions. The services provided include medical procedures, hospitalizations, and care coordination as well as supplies, equipment and therapy. CSS provides the High Priority Infant Tracking Program (HPITP), the Virginia Hearing Impairment Identification and Monitoring System (VAHIIMS), Virginia Congenital Anomalies Reporting and Education System (VACARES) and the Newborn Screening Program. The HPITP is a centralized tracking program for children to age three with or at-risk for chronic health and development problems in selected cities and counties. Plans are being made to expand statewide with the other risk identification and tracking programs in an integrated effort. The VAHIIMS is a statewide program for the early identification and habilitation of hearing loss. VACARES was created to improve diagnosis and early treatment of children with disabilities and to help families find appropriate resources. The Newborn Screening Program identifies and tracks infants diagnosed with congenital metabolic and sickle cell diseases.

The local health departments in every city and county are units of VDH. Each provides well-child clinics; Women, Infants and Children (WIC) nutrition services; and home nursing care coordination for young children based upon local needs and available resources. The amount and extent of these services beyond a basic level varies among localities. In addition to routine and special medical care services, the local health departments provide screening, assessment, nutritional and nursing services which may be involved with the Part H Early Intervention program.

Staff from VDH state and local programs work with other local agencies in child find activities and development of IFSPs.

Eligibility Criteria

Any child from birth through age two, and enrolled in Medicaid or with family income below the federal poverty level, is eligible for the services available within the resource limits of the local health department that serves the area in which the child resides. Many local health departments may also serve older children under established VDH eligibility guidelines. CDCs serve any child who is referred.

The CSS program serves any referred Medicaid eligible or poverty-level child who is a Virginia resident and who meets the health-need criteria established for the specific CSS program identified in its published State Plan. Other children may be served by CSS based on family income and size. Services are free of charge to children meeting categorical eligibility and whose family income is below the poverty level. For other categorically eligible children a sliding fee scale is in effect for those families above the poverty level.

The eligibility requirements for HPITP parallel the at-risk and eligibility criteria for Part H. Eligibility requirements for the other identification and tracking programs are based on specific risk criteria and diagnoses.

Financial Responsibility

VDH and its local units are responsible to provide the indicated services within available resources to the eligible population.

DEPARTMENT FOR THE VISUALLY HANDICAPPED

Services Offered

The Department for the Visually Handicapped (DVH) offers an array of early intervention services for infants/toddlers who are blind or visually impaired, and their families, through its six local regional offices. Services include, but are not limited to:

- assistive technology: DVH offers assistive technology information related to infants with visual disabilities.
- implementation of child find activities: DVH staff maintain direct contact with medical personnel and infant programs.
- family training and counseling: DVH staff provide technical assistance and materials that parents use with their infant.
- participation in multidisciplinary evaluations/assessments: DVH staff provide vision related evaluations as part of the team.

- coordination of agency services: DVH staff work with the family's service coordinator to coordinate agency services with those of other service providers in the community.
- vision services and special instruction: DVH staff offer all vision services that are included in Virginia's Part H definition of vision services.
- development of Individualized Family Service Plans (IFSP): DVH staff participate on the IFSP team to help develop goals and strategies for the infant and her family.

Eligibility Criteria

Infants/toddlers, and their families, are eligible to receive early intervention services provided through the Department for the Visually Handicapped as specified in this agreement if the infants/toddlers have a visual disability and they meet Virginia's Part H Definition of Eligibility as outlined in Virginia's Part H Policies and Procedures.

Financial Responsibility

The Department for the Visually Handicapped is obligated to provide the specified early intervention services to the eligible population within available resources.

TECHNICAL ASSISTANCE

The DMHMRSAS, Department of Education, Department of Social Services, and the Department of Health provide technical assistance to their local counterparts in relation to responsibilities and participation in the Part H service system. In addition, the Department for the Visually Handicapped provides technical assistance to providers serving the visually handicapped. The Department for the Deaf and Hard of Hearing provides technical assistance to agencies providing direct services to infants and toddlers with hearing impairment, links local providers with interpreters, and provides direct telephone access for persons who are speech or hearing impaired through the Virginia Relay Center. The Department for Rights of Virginians with Disabilities, which protects and promotes the legal and human rights of infants, toddlers and their families, provides technical assistance to families through Client Advocates. Client Advocates help families understand their rights, access services, and serve as advocates for families. The Department of Medical Assistance Services provides technical assistance to providers of early intervention services on Medicaid reimbursement.

PRIVATE INSURANCE

As required by federal Part H regulations, all funding sources including federal, state, local and private sources (including Medicaid and Medicaid Managed Care plans and private insurance) must be utilized prior to using Part H funds. The Bureau of Insurance within the State Corporation Commission

provides clarification on issues and questions regarding the use of private insurance to pay for Part H services. The Bureau of Insurance also investigates individual private insurance complaints pertaining to Part H services and other medical services.

CENTRAL DIRECTORY

The Department for Rights of Virginians with Disabilities is responsible for operating and maintaining Virginia's Central Directory hotline, First Steps. Parents and professionals may access First Steps by calling toll-free (800) 234-1448. The Department for Rights of Virginians with Disabilities provides 1) information concerning Virginia's Part H services for infants and toddlers with disabilities and 2) referral to local early intervention central points of entry and to the Part H Parent Representative to those accessing the Central Directory hotline. In addition, DRVD maintains a listing of local early intervention resources which is available to the public.

CHILD FIND

Given the parallel requirements under Part B and Part H of IDEA, DMHMRSAS and the Department of Education accept joint responsibility to make every reasonable effort to locate and identify all infants and toddlers potentially eligible under Part H or Part B. Local ICCs follow policies and procedures to determine for each locality the most effective and efficient means of meeting this responsibility, including roles and responsibilities of individual agencies and programs. The Virginia Department of Health, in joint effort with the Lead Agency, is expanding the implementation of the High Priority Infant Tracking Program (HPITP) to assist in the identification and follow-up of children who are at-risk or who have disabilities. The Department for the Deaf and Hard of Hearing provides information to the public regarding identification of children with hearing impairments and will make or assist in making referrals to Part H services when identified children are infants or toddlers. All activities under this section are to be conducted at no cost to families. Disputes regarding financial or programmatic responsibility that cannot be resolved by the local ICC are to be submitted to the state level for resolution through the dispute resolution process contained in the Virginia Part H Policies and Procedures. As among the signatories to this Agreement, DMHMRSAS and Department of Education remain ultimately responsible for supervising the availability of Child Find initiatives.

TRANSITION

As required by the Virginia Part H Policies and Procedures, local ICCs follow local policies and procedures to meet federal Part H requirements including the amendments made by P.L. 102-119 for children transitioning to other services from the Part H program. Children who reach the age of two on or before September 30 of any given year and who meet Part B eligibility requirements as defined in the *Code of Virginia* and in accordance with *Regulations Governing Special Education Programs for*

Children with Disabilities in Virginia are eligible to receive special education and related services through their local school divisions.

It is the responsibility of the local Part H system to refer two-year-olds in a timely manner to each child's local school system. Timely referrals enable local school officials to determine eligibility and develop Individualized Education Plans (IEPs) prior to the start of the school year. Therefore, referrals shall be made by the Part H providers by April 1 unless local interagency procedures and agreements reflect other timelines which will result in the completion of the identification and IEP process prior to the opening of school. It will be the responsibility of local school systems to accept the referrals, determine eligibility, and have an IEP developed to begin services as close to the opening of school as appropriate for those children found eligible for Part B services. If a two-year-old referred to the schools does not meet Part B eligibility requirements and this child still meets Part H requirements, then the Part H system is responsible for continuing to serve this child until his third birthday. Additionally, if the family of a child eligible for Part B services declines Part B services until the child reaches age three, Part H must continue to serve this child until his third birthday.

SERVICES FOR TWO-YEAR-OLD CHILDREN

The Department of Education continues to supervise the provision of free and appropriate public education to those children with disabilities from age two as stipulated in the *Code of Virginia* and in accordance with *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*. DMHMRSAS, under requirements of full implementation of the Part H program, continues to be ultimately responsible for payment and provision of services to two-year-old children with disabilities: (a) who are not eligible for special education services supervised by the Department of Education; (b) whose parent(s) elect to continue to receive Part H services until the child's third birthday; or (c) or who are not eligible for services from the Department of Education but who are identified to DMHMRSAS and who are eligible for services under Part H.

DISPUTE RESOLUTION

In the event of an intra- or inter-agency dispute about payment or other aspects of early intervention services, DMHMRSAS as Lead Agency for Part H is responsible for ensuring timely resolution. DMHMRSAS is also responsible for ensuring that services are provided to eligible children/families in a timely manner by implementing the payor of last resort procedures, pending the resolution of disputes among public agencies or service providers. The Lead Agency must be notified of such disputes. The Lead Agency forwards specific information concerning such disputes to both the Secretary of Health and Human Resources and the Secretary of Education who make a recommendation to the Governor regarding appropriate agency responsibility. The Governor assigns financial responsibility and designates the two Secretaries to carry out this responsibility. If, in resolving a dispute, the Governor determines that the assignment of financial responsibility was inappropriate, the Lead Agency, based on

the Governor's determination, reassigns responsibility to the appropriate agency and makes arrangements for reimbursement of expenditures incurred by the agency originally assigned the financial responsibility.

All agencies involved agree to resolve their own disputes regarding financial responsibility according to procedures within their own agencies. If a dispute involves two agencies, resolution is reached through discussions between the agencies involved. If the dispute involves local or regional matters, the dispute is resolved, whenever possible, at those levels before it is brought to the attention of state agencies. If agencies are unable to resolve their own disputes, a written request is made to the Commissioner of the Lead Agency and the dispute is referred to both the Secretary of Health and Human Resources and the Secretary of Education. If disputes cannot be resolved by the Secretaries within 30 days, the dispute is referred to the Governor.

The provisions of this section of the agreement, entitled Dispute Resolution, do not apply to the Bureau of Insurance within the State Corporation Commission, notwithstanding anything else to the contrary in this agreement.

TERM OF THE AGREEMENT

This agreement goes into effect on the date of signature and is in effect until revised by agreement of all parties.

SIGNATURES of PARTICIPATING AGENCIES

Susan Walker Buckland, Director
Department for the Deaf and Hard of Hearing

Date

Clarence Carter, Commissioner
Department of Social Services

Date

Randolph L. Gordon, Commissioner
Department of Health

Date

W. Roy Grizzard, Commissioner
Department for the Visually Handicapped

Date

Alfred W. Gross, Commissioner
Bureau of Insurance, State Corporation Commission

Date

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Timothy A. Kelly, Commissioner
Department of Mental Health, Mental
Retardation, and Substance Abuse Services

Date

Richard La Pointe, Superintendent of
Public Instruction
Department of Education

Date

Sanda Reen, Director
Department for Rights of Virginians
with Disabilities

Date

Joseph Teefy, Director
Department of Medical Assistance Services

Date

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COMMITMENT OF RESPECTIVE SECRETARIES

Given the importance of developing a comprehensive, interagency system of early intervention services, we hereby commit our respective agencies to collaborate in all areas which will enhance this multi-agency system.

_____ _____

Robert C. Metcalf Date
Secretary of Health and Human Resources

_____ _____

Beverly H. Sgro Date
Secretary of Education

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Serving Charles City,
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804 771-5870
fax 804-225-7344

233 South Adams Street
P.O. Box 771
Petersburg, Virginia 23804
804-861-9330
fax 804-861-0156

www.yourunitedway.org

December 3, 2000

Anne Lucas
Part C. Coordinator
Infant and Toddler Program
Department of MH/MR/SA Services
P. O. Box 1797
Richmond, VA 23218

Dear Ms. Lucas:

This letter is to confirm that United Way Services Information and Referral Center (I & R) is acting as the Central Directory for the Babies Can't Wait program. In this role, the Information and Referral Center:

- Maintains and answers a specialized telephone line for people needing services for infants and toddlers with disabilities during the hours of 8:00 a.m. through 7:00 p.m. five days per week.
- Developed and continues to maintain a database of resources that help meet the needs of infants and toddlers with disabilities. This database is available on disk and on a web site to anyone in Virginia needing these services.

  Trains Central Point of Entry staff on the availability of a direct service link to I & R staff and resource data via the telephone and web, and on the availability of special reports and services available from the I & R Center.
- Trains the general public on the availability of Central Point of Entry information and services provided under the scope of the contract.
- Develops and disseminates a Statewide Quickguide of Services for People with Disabilities.

The Information and Referral Center is pleased with the results we have seen with the program to date and look forward to continuing to provide the service.

Sincerely yours,

Patricia Couto

Patricia R. Couto
Director
Information and Referral Center

Newborn to 3 Months Old

The first few years of your baby's life are very important. It's the time when he or she is learning to walk, talk, recognize people and many other things.

Some babies may have trouble developing certain skills. Parents are often the first to notice when their child is not learning or growing like other infants they know.

If you have any concerns about your baby, there is someone who can answer your questions. You can call First Steps at **1-800-234-1448**. Remember too, it's important for all infants to have "well baby" check ups by their doctor every three months for the first year and a half, and at least every six months after that until they're three years old.

Here's a sample list of things babies are usually able to do at different ages.

Important For All Babies

(Check yes or no for each question)

- ☐ ☐ Does your baby always ride in a car seat when riding in a car?
- ☐ ☐ Do you have a regular place to go for your baby's health care (pediatrician, family doctor, public health clinic)?
- ☐ ☐ Does your baby smile back at you when you smile and talk to her or gently touch her face?
- ☐ ☐ Is your baby making cooing sounds like **oooo** and **aaaa**?
- ☐ ☐ Does your baby lift her head and chest when lying on her tummy?
- ☐ ☐ Does your baby watch you when you walk across the room?
- ☐ ☐ Has your baby seen the doctor at least two times for well baby check-ups?

If you answered "no" to any of these questions, you should talk it over with someone. Remember, all babies grow and develop at their own pace.

But if you have any questions or concerns, please call First Steps at **1-800-234-1448**. There will be someone to help you get the answers you need.

It could be the most important step you'll take for your child's future.

The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services is grateful to the following organizations for their help in preparing and producing this brochure: the Virginia Interagency Coordinating Council (VICC) Public Awareness Committee, the Richmond Infant Council, the Richmond Regional Public Awareness Committee and the Department's Multicultural Advisory Council for Vietnamese and Spanish translations. This brochure was produced with federal funds under the Early Intervention for Infants and Toddlers with Disabilities (Part H) Program.

3 to 6 Months

- Does your baby laugh and babble (say **bababa** or **dadada**)?
- Does your baby roll from his back to his tummy?
- Does your baby turn his head to sounds like your voice, radio or TV?
- Does your baby reach for and hold a toy?
- Does your baby play with his hands by touching them together?
- Has your baby seen the doctor at least one time for a well baby check-up since he was three months old?

6 to 9 Months

- Does your baby sit up by herself without falling?
- Does your baby look for a small toy when she sees you drop it?
- Is your baby beginning to play peek-a-boo or wave bye-bye after she sees you do it?
- Has your baby seen the doctor at least one time for a well baby check-up since she was six months old?

9 to 12 Months

- Does your baby look at the right thing when you say words like **bottle** or **ball**?
- Does your baby pull up to standing by holding onto furniture?
- Does your baby say **Mama** or **Dada** to the right person?
- Does your baby pick up small things (like a raisin or Cheerio) using his thumb and one finger.
- Has your baby seen the doctor at least one time for a well baby check-up since he was nine months old?

12 to 15 Months

- Does your baby point to or ask for things she wants?
- Does your baby feed herself with her fingers?
- Does your baby like being the center of attention?
- Does your baby walk by herself?
- Has your baby seen the doctor for her 12-month well baby check-up?

15 to 18 Months

- Does your baby drink from a cup?
- Does your baby point to body parts (like nose, eyes, feet) when you name them?
- Does your baby like to put things in and out of containers?
- Does your baby say words to tell you what he wants?
- Does your baby like to look at books and turn pages by himself?
- Has your baby seen the doctor for his 15-month well baby check-up?

18 to 24 Months

- Has your child begun to put two words together (**like Mama's shoe**, **Car go, Daddy bye-bye**)?
- Does your child point to pictures in a book when you name them?
- Does your child run?
- Does your baby like to take off her sweater, hat or socks all by herself?
- Has your child had her 18-month well baby check-up?

24 to 30 Months

- Does your child walk up stairs?
- Does your child make a straight line with a crayon after you do it?
- Does your child ask to go to the bathroom?
- Does your child follow a simple two-step direction (like "Go to your room and get me a diaper")?
- Does your child put three words together (like "I want cookie")?
- Has your child seen the doctor for his 24-month check-up?

30 to 36 Months

- Does your child know her first name?
- Does your child unbutton buttons?
- Does your child ask questions?
- Does your child jump up and down?
- Does your child understand the meaning of words like **in**, **out**, **on** and **behind**?
- Does your child understand **Bring me one diaper**, or **Give me one cookie**?

Questions Parents Have But May Not Ask

- Is this condition contagious?
- How will this affect other members of my family?
- Will this condition shorten my child's life? By how much?
- What caused the condition? Is it congenital? If we have another child, will he/she have the same condition? Was it my fault?
- Will my child have mental retardation, learning difficulties or other developmental or medical problems?
- What is available to help my family bear the expenses now and in the future?

We ask questions because we believe that something is wrong. We depend on you for candid answers not reassurances.

For more information on community-based early intervention services, call First Steps, toll-free, at 1-800-234-1448 (Voice/TT).

The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services is grateful to the Virginia Interagency Coordinating Council (VICC) Public Awareness Committee and to the physician and family advisors who helped in this project. This brochure was produced with federal funds under the Early Intervention for Infants and Toddlers with Disabilities (Part H) Program.

NEXT STEPS

WHAT PARENTS OF CHILDREN WITH DISABILITIES WANT FROM PHYSICIANS

During An Office Visit, Parents Want

RESPECT. Take time to get to know our family and, together, we can understand the best ways of treating our unique child in our family.

HONESTY. Complete, honest information. Ask if we have questions. Be patient if we ask the same question more than once. It takes time to comprehend the diagnosis, the treatment and the effects on our child and family. Pictures, diagrams, demonstrations and videos can reinforce the information you give.

REFERRALS. There are community-based resources and services that can help us in caring for our child. Refer us to those services that pertain to our child's specialized needs. Put us in touch with other families who have had similar experiences. And, if we ask a question for which you have no answer, please join us in finding one.

COORDINATED CARE. We need one source we can depend on for information about our child's care. Can you or someone in your office fill this role? Communicate with other professionals who work with our child. It is frustrating when we get conflicting advice or when others have questions we can't answer because we don't have enough information.

But, most important, we want you to get to know our child as a unique individual.

When A Child Is Hospitalized, Parents Need

FREQUENT PROGRESS REPORTS, especially when surgery or a radical change takes place.

ACCURATE INFORMATION and time to absorb it.

IMMEDIATE NOTICE on significant changes in our child's condition when our child is moved to or from intensive care or from one room to another.

INSTRUCTION on home care. Booklets, written medication schedules and practice on equipment that will be used at home help us feel more secure about taking over our child's treatment.

U.S. DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
AND REHABILITATIVE SERVICES
OFFICE OF SPECIAL EDUCATION
PROGRAMS

OMB NO.: 1820-0556
FORM EXPIRES: 9/30/00

TABLE 3

NUMBER AND TYPE OF PERSONNEL (In full time equivalency of Assignment)
EMPLOYED AND CONTRACTED AND ADDITIONAL PERSONNEL NEEDED TO PROVIDE EARLY INTERVENTION SERVICES TO INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES
1998 - 1999

STATE: VIRGINIA

EARLY INTERVENTION SERVICES PERSONNEL for ages:	FTE EMPLOYED AND CONTRACTED (0 through 2)	FTE NEEDED (0 through 2)
AUDIOLOGISTS (1)	11.503	0.425
FAMILY THERAPISTS (2)	0	0
NURSES (3)	41.82	1.25
NUTRITIONISTS (4)	14.3625	0.4
OCCUPATIONAL THERAPISTS (5)	59.0525	5.03
ORIENTATION AND MOBILITY SPECIALISTS (6)	2.7455	0.117
PARAPROFESSIONALS (7)	32.36	2.15
PEDIATRICIANS (8)	7.856	0.85
PHYSICAL THERAPISTS (9)	69.265	4.9
PHYSICIANS OTHER THAN PEDIATRICIANS (10)	6.032	1
PSYCHOLOGISTS (11)	7.316	1.1
SOCIAL WORKERS (12)	45.01	4
SPECIAL EDUCATORS (13)	54.54	15.45
SPEECH AND LANGUAGE PATHOLOGISTS (14)	79.485	7.5
OTHER PROFESSIONAL STAFF (15)	85.175	12.75
TOTAL, Rows 1-15 (16)	516.5225	56.922

FAMILIES COUNT

Virginia's

Family Survey

Beginning Services

Dear Parent or Guardian,

Thank you for taking the time to fill out this survey. Virginia's system of early intervention services wants to know how we are doing from a family's point of view. Please help us improve the early intervention services (services that can help young children, birth to age 3 with developmental delays or disabilities, and their families) that your child and family are getting by answering the following questions. No one who provides services to your child and family will be shown your answers or know what you wrote on this paper.

Getting Started in Early Intervention

1. How old was your child when your family first found out that your child had special needs or might need extra help? *(1 year = 12 months; 1 ½ years = 18 months; 2 years = 24 months)*
   _____ before (or at) birth _____ months old _____ not sure

2. How did your family first find out about early intervention services? *(Please check one)*
   - ☐ Child's Doctor or nurse
   - ☐ Friends/Relatives
   - ☐ Radio/TV/ Newspaper
   - ☐ Poster/brochure
   - ☐ Hospital
   - ☐ Social Worker
   - ☐ Special information phone line
   - ☐ School/Preschool/Day care
   - ☐ Other (I found out from _____)

3. Who first noticed that your child had special needs or might need extra help? *(Please check one)*
   - ☐ Me (parent(s)/guardian)
   - ☐ Teacher
   - ☐ Another family member
   - ☐ Social worker
   - ☐ Friend or neighbor
   - ☐ Child's Doctor/Nurse
   - ☐ Other (Please tell us who _____)
   - ☐ Don't remember

4. Did anything make it difficult for your child and family to start services? *(Please check **ALL** that apply)*
   - ☐ No difficulties/problems
   - ☐ No child care for my other children
   - ☐ People were not honest
   - ☐ It was hard to agree on times for services
   - ☐ No one called me back
   - ☐ Other family members did not think it was important
   - ☐ Too much paperwork
   - ☐ Not enough time because of my work
   - ☐ No transportation
   - ☐ I did not realize the importance of the services at first
   - ☐ No one spoke my language
   - ☐ Child had medical problems which delayed services
   - ☐ Too far to go for services
   - ☐ My insurance company wouldn't pay
   - ☐ Chose not to use my insurance
   - ☐ Had to pay too much of my own money
   - ☐ Other (Please tell us what _____)

5. Where will your child and family get early intervention services? *(Please check **ALL** that apply)*
   - ☐ Home
   - ☐ Not sure
   - ☐ Infant program center
   - ☐ Day care center/baby sitter
   - ☐ School building
   - ☐ Hospital or therapy center (which? _____)
   - ☐ Other community location (church, community center, library, parks and recreation place, etc.)
   - ☐ Other (Please tell us where _____)

For data collection purposes, to collect as complete a picture of families in the early intervention system, we would like to use an identifying code that will link the information from this survey to other information in the system. We will respect your privacy. If you do not wish to have this information linked, please check the box below so the information will not be linked.

9 I do not wish to have my responses linked.

If you have lost your return envelope, please return the form to:

Individual Child Identification Code ___ ___ ___ ___ Birth date ___ ___-___ ___-___ ___ ___ ___	

*Rate each of the following statements, using the 1 to 6 scale provided, as it pertains to you, your child or your family. Use 1 if you strongly disagree with a statement. Use 2 for disagree, 3 for somewhat disagree, 4 if you somewhat agree, 5 for agree and 6 if you strongly agree. If you don't know the answer, or the question is not appropriate, mark number 10. Use the section marked "**Additional Comments**" for any statements that you disagree with or for any other comments or suggestions you might have.*

Evaluation and Assessment

The following questions are about your families experiences with evaluation and assessment. Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility services.

		Strongly Disagree	Ø	*Strongly Agree*	*Don't Know*
6.	The evaluation really showed the things that my child can and cannot do.	Î	Ï Ð Ñ æ ç		ë
7.	My child got an evaluation very quickly once I decided one was needed.	Î	Ï Ð Ñ æ ç		ë
8.	My child's evaluation was done at a time and place that made it easy for our family.	Î	Ï Ð Ñ æ ç		ë
9.	My concerns about my child and family were respected.	Î	Ï Ð Ñ æ ç		ë
10.	The people who helped do the evaluation listened to and answered my questions.	Î	Ï Ð Ñ æ ç		ë
11.	I believe there is adequate information in my community about how to find services.	Î	Ï Ð Ñ æ ç		ë

12. What other things would you like us to know about your experience getting started in early intervention services?

Service Coordination

All families in early intervention have a person to help in getting started in early intervention services and making sure they get needed services for their child and family. This would be the person who came to your house or called you. This person may be called a temporary service coordinator, service coordinator or case manager. This person would have worked with you from when you were referred until your first IFSP (Individualized Family Service Plan) was completed.

13. I know who my family's service coordinator is. _____ Yes _____ No _____ Not sure

14. I know how to call or find my service coordinator when I need to. _____ Yes _____ No _____ Not sure

		Strongly Disagree	Ø	*Strongly Agree*	*Don't Know*
15.	Our service coordinator listened to me when I talked about what is best for my child and family.	Î	Ï Ð Ñ æ ç		ë
16.	Our service coordinator understood my child's and family's needs.	Î	Ï Ð Ñ æ ç		ë
17.	Our service coordinator asked us about resources in our community that we use (i.e.,	Î	Ï Ð Ñ æ ç		ë
18.	Our service coordinator offered to give us more information about other resources in our	Î	Ï Ð Ñ æ ç		ë
19.	I felt comfortable sharing as much as I wanted to about my child and family with our service	Î	Ï Ð Ñ æ ç		ë

20. What other things would you like us to know about your experiences with service coordination?

Individualized Family Service Plan (IFSP)

The following questions are about planning and writing the "Individualized Family Service Plan" (IFSP), the written plan that lists goals/outcomes and services.

		Strongly Disagree Ø *Strongly Agree*	*Don't Know*
21.	I discussed the early intervention services that would meet the goals/outcomes on our IFSP.	Î Ï Ð Ñ æ ç	ë
22.	My family was given the chance to say if we wanted any early intervention services.	Î Ï Ð Ñ æ ç	ë
23.	I helped decide which early intervention services would be listed on our IFSP.	Î Ï Ð Ñ æ ç	ë
24.	I understand what is written in our IFSP.	Î Ï Ð Ñ æ ç	ë
25.	I was given a copy of our IFSP including an evaluation summary.	Î Ï Ð Ñ æ ç	ë
26.	The goals/outcomes written in our IFSP are the things that I want for my child and family.	Î Ï Ð Ñ æ ç	ë
27.	I helped decide where my child will receive early intervention services. *(I.e., home, day care center, babysitter, center, etc.)*	Î Ï Ð Ñ æ ç	ë
28.	I discussed how my early intervention services would be paid for.	Î Ï Ð Ñ æ ç	ë
29.	The things I said during our IFSP meeting were understood and respected.	Î Ï Ð Ñ æ ç	ë
30.	What my child and family does on a regular basis was considered in developing our IFSP.	Î Ï Ð Ñ æ ç	ë
31.	The things I said during our IFSP meeting helped get the needed services for my child and family.	Î Ï Ð Ñ æ ç	ë

32. What other things would you like us to know about your experiences in getting your child's IFSP?

Legal Rights and Procedural Safeguards

All families in early intervention have certain rights and safeguards to protect them. The following questions are about these Legal Rights and Procedural Safeguards.

		Strongly Disagree Ø *Strongly Agree*	*Don't Know*
33.	I know about my legal rights and protections under the early intervention law *(like what to do if I don't agree with a decision made about my child's early intervention services).*	Î Ï Ð Ñ æ ç	ë
34.	I was given a copy of Commonwealth of Virginia Notice of Child and Family Rights in the Virginia Babies Can't Wait! Part C Early Intervention System and A Guide to Family Rights in the Virginia Early Intervention System.	_____ Yes _____ No _____ Not sure	

Additional Comments:

Personal Information: ***(This section is optional, please answer only those questions you feel comfortable with.)***
Please tell us a little more about you and your family. *(Mark the most correct response for the following items.)*

What is your Zip Code? ___ ___ ___ ___ ___

How many people are in the child's household?

9 I - 2 **9** 3 - 4 **9** 5 - 6
9 7 - 8 **9** more than 8

What is your relationship to the child who is getting early intervention services? I am the child's:

9 Parent
9 Foster Parent
9 Grandparent
9 Other family member (aunt, uncle, etc.)
9 Other _____

9 Check here if you are the child's primary caretaker.

How would you describe your family?

9 Two Parent
9 Single Parent
9 Foster Care Family
9 Other _____

Are any of the other children in the child's family getting early intervention services, either now or in the past?

9 Yes **9** No **9** Not sure

How old in months is your child now? *(1 year = 12 months; 1 ½ years = 18 months; 2 years = 24 months)*

_____ months old

What is your child's race/ethnicity? *(Please check ALL that apply)*

9 Asian
9 Black/African-American
9 Hispanic
9 Native American
9 Pacific Islander
9 White/Caucasian
9 Other _____

What is the child's family's yearly income level?

9 Less than $15,000 **9** $15,001 - $30,000
9 $30,001 - $45,000 **9** $45,001 - $60,000
9 $60,001 - $75,000 **9** More than $75,001

If you would like to speak to someone in the state office of early intervention, please call us at (804) 786-3710.

If you would like a copy of the most recent report of the family survey, please contact your council coordinator. For the name and phone of your local council coordinator, please call first steps at 1-(800) 234-1448.

Are you willing to discuss your experiences in early intervention? ***If yes, please provide the following information:***

Name: _____ **Phone Number: (____)** _____

Address: _____

Thank you very much for your time!

É

FAMILIES COUNT

Virginia's

Family Survey

Following Services

Dear Parent or Guardian,

Thank you for taking the time to fill out this survey. Your child has just left early intervention services. Virginia's system of early intervention services wants to know how we are doing from a family's point of view. Please help us improve the early intervention services (services that can help young children, birth to age 3 with developmental delays or disabilities, and their families) that your child and family got by answering the following questions. No one who provided services to your child and family will be shown your answers or know what you wrote on this paper.

Getting Services

The following questions are about your family's experiences with getting early intervention services

1. What early intervention services did your child and family get? *(Please check **ALL** the services you received.)*

- ☐ Assistive technology (special equipment)
- ☐ Audiology (hearing) care
- ☐ Family counseling or education
- ☐ Infant education
- ☐ Nursing or medical care
- ☐ Nutrition services
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Psychological services
- ☐ Respite care
- ☐ Service coordination
- ☐ Social work services
- ☐ Speech or language therapy
- ☐ Transportation assistance
- ☐ Vision services
- ☐ Other (Please tell us what _____)

2. Where did your child and family get early intervention services? *(Please check **ALL** that apply)*

- ☐ Home
- ☐ School building
- ☐ Day care center/baby sitter
- ☐ Hospital or therapy center (which? _____)
- ☐ Infant program center
- ☐ Other community location (church, community center, library, parks and recreation place, etc.)
- ☐ Other (Please tell us where _____)

For data collection purposes, to collect as complete a picture of families in the early intervention system, we would like to use an identifying code that will link the information from this survey to other information in the system. We will respect your privacy. If you do not wish to have this information linked, please check the box below so the information will not be linked.

9 I do not wish to have my responses linked.

Individual Child
Identification Code ___ ___ ___ ___

Birth date ___ ___-___ ___-___ ___ ___ ___

If you have lost your return envelope, please return the form to:

3. Which of the following people or places in your community helped your child and family work on the goals/outcomes on your IFSP? *(Please check **ALL** the ones you used.)*

9 Babysitter/day care center	**9** Department of Social Services	**9** Infant program
9 Department for the Visually Handicapped	**9** Dept. for Deaf and Hard of Hearing	**9** Parks and recreation department
9 Church	**9** Child development clinic	**9** School
9 Community Services Board (CSB)	**9** Friends/neighbors	**9** My family
9 Community center	**9** Health department	**9** Parent support groups
9 Internet	**9** Parent resource center	**9** Library

9 Hospital or therapy center (please tell us which _____)

9 Other (please tell us who _____)

4. Did anything make it difficult for your child and family to continue with services? *(Please check **ALL** that apply)*

9 No difficulties/problems	**9** No child care for my other children
9 People were not honest	**9** It was hard to agree on times for services
9 No one called me back	**9** Other family members did not think it was important
9 Too much paperwork	**9** Not enough time because of my work
9 No transportation	**9** I did not realize the importance of the services at first
9 No one spoke my language	**9** Child had medical problems which delayed services
9 Too far to go for services	**9** My insurance company wouldn't pay
9 Chose not to use my insurance	**9** Had to pay too much of my own money

9 Other (Please tell us what _____)

What would have made it easier to get these services?

_____

_____

Getting Services/Service Coordination

The following questions are about your family's experiences with getting services and service coordination.

Rate each of the following statements, using the 1 to 6 scale provided, as it pertains to you, your child or your family. Use 1 if you strongly disagree with a statement. Use 2 for disagree, 3 for somewhat disagree, 4 if you somewhat agree, 5 for agree and 6 if you strongly agree. If you don't know the answer, or the question is not appropriate, mark number 10. Use the section marked "**Additional Comments**" for any statements that you disagree with or for any other comments or suggestions you might have.

	Strongly Disagree Ø *Strongly Agree*	*Don't Know*
5. I got the early intervention services we needed.	**Î Ï Ð Ñ æ ç**	**ë**
6. The people who helped with our early intervention services did a good job.	**Î Ï Ð Ñ æ ç**	**ë**
7. It was easy to talk to and work with the people who helped us with our early intervention services.	**Î Ï Ð Ñ æ ç**	**ë**
8. I was treated with respect.	**Î Ï Ð Ñ æ ç**	**ë**
9. IFSP meetings were easy to attend.	**Î Ï Ð Ñ æ ç**	**ë**
10. The things said during the IFSP meeting(s) were understood and respected.	**Î Ï Ð Ñ æ ç**	**ë**

11. The services provided to us met the needs of our home and/or work lifestyle. **Î Ï Ð Ñ æ ç | ë**

Getting Services/Service Coordination *(continued)*

	Strongly Disagree Ø *Strongly Agree*	*Don't Know*
12. People who worked with our family helped us learn about informal and community resources. (i.e., family, extended family, clergy)	Î Ï Ð Ñ æ ç	ë
13. I had access to materials translated into my native language or primary means of communication (braille or sign/oral interpreter) for IFSP meetings. *(If needed or requested)*	Î Ï Ð Ñ æ ç	ë
14. I had access to a translator in my native language or primary means of communication (braille or sign/oral interpreter) for IFSP meetings. *(If needed or requested)*	Î Ï Ð Ñ æ ç	ë
15. My child is better off because of getting early intervention services.	Î Ï Ð Ñ æ ç	ë
16. Early intervention services helped us learn more about my child.	Î Ï Ð Ñ æ ç	ë
17. I feel good about the progress my child made.	Î Ï Ð Ñ æ ç	ë
18. The services provided to my child and family helped reach the outcomes/goals I had set.	Î Ï Ð Ñ æ ç	ë
19. I was able to contact our service coordinator when I needed to.	Î Ï Ð Ñ æ ç	ë
20. Our service coordinator helped us understand the IFSP process.	Î Ï Ð Ñ æ ç	ë
21. I was satisfied with the way our service coordination was provided.	Î Ï Ð Ñ æ ç	ë
22. My child's services were provided as a part of our regular activities. (i.e., while playing, eating, going to the park, shopping etc.)	Î Ï Ð Ñ æ ç	ë
23. I felt comfortable talking with our service coordinator about questions, concerns and services for my child and family. (counseling; meeting basic needs such as housing, food, utilities; etc.)	Î Ï Ð Ñ æ ç	ë
24. My child's IFSP was reviewed along the way.	Î Ï Ð Ñ æ ç	ë

25. What other things would you like us to know about your experiences in getting early intervention services?

Payment for Services

The following questions are about paying for the early intervention services your family and child received.

26. How did your family pay for early intervention services? *(Please check **ALL** that apply)*

☐ Our own money ☐ Private insurance ☐ Medicaid ☐ Tricare
☐ Do not know ☐ Sliding fee scale ☐ Medicaid HMO
☐ Interagency Coordinating Council Funds ☐ Other (please tell us how _____)

27. Early intervention services cost my family:

☐ More than I expected ☐ Less than I expected ☐ About what I expected ☐ I had no idea what to expect

28. I needed more help to pay for my early intervention services. _____ Yes _____ No _____ Not sure

What other things would you like us to know about your experiences in paying for early intervention services?

Transition Services

The following questions are about how things went when it was time for your child and family to leave early intervention.

29. Does your child continue to need services after early intervention? _____ Yes _____ No _____ Not sure

Rate each of the following statements, using the 1 to 6 scale provided, as it pertains to you, your child or your family. Use 1 if you strongly disagree with a statement. Use 2 for disagree, 3 for somewhat disagree, 4 if you somewhat agree, 5 for agree and 6 if you strongly agree. If you don't know the answer, or the question is not appropriate, mark number 10. Use the section marked "**Additional Comments**" for any statements that you disagree with or for any other comments or suggestions you might have.

If you answered no or not sure to question number 29, please feel free to skip questions 32 - 34 (questions in the shaded box).

	Strongly Disagree Ø *Strongly Agree*	*Don't Know*
30. Our early intervention experience made me feel more confident in finding ways to meet my child's needs.	Î Ï Ð Ñ æ ç	ë
31. Someone talked to my family about the different places where my child could get services after early intervention.	Î Ï Ð Ñ æ ç	ë
32. Someone was available to help my family know what to do *(like filling out paperwork and going to meetings*) to get services for my child after leaving early intervention.	Î Ï Ð Ñ æ ç	ë
33. My child continues to get services that were planned after leaving early intervention services.	Î Ï Ð Ñ æ ç	ë
34. The move from early intervention to preschool services was easy for us.	Î Ï Ð Ñ æ ç	ë

35. My child was ____ months old when we started early intervention services.

36. My child was ____ months old when we left early intervention services.

37. What other things would you like us to know about your experiences with transition?

Personal Information: ***(This section is optional, please answer only those questions you feel comfortable with.)***
Please tell us a little more about you and your family. *(Mark the most correct response for the following items.)*

What is your Zip Code? ___ ___ ___ ___ ___

How many people are in the child's household?
9 1 - 2 **9** 3 - 4 **9** 5 - 6
9 7 - 8 **9** more than 8

What is your relationship to the child who is getting early intervention services? I am the child's:
9 Parent **9** Check here if you are the child's primary caretaker.
9 Foster Parent
9 Grandparent
9 Other family member (aunt, uncle, etc.)
9 Other _____

How would you describe your family?
9 Two Parent
9 Single Parent
9 Foster Care Family
9 Other _____

Are any of the other children in the child's family getting early intervention services, either now or in the past?
9 Yes **9** No **9** Not sure

How old in months is your child now? *(1 year = 12 months; 1 ½ years = 18 months; 2 years = 24 months)*

_____ months old

What is your child's race/ethnicity? *(Please check ALL that apply)*
9 Asian **9** Native American
9 Black/African-American **9** Pacific Islander
9 Hispanic **9** White/Caucasian
9 Other _____

What is the child's family's yearly income level?
9 Less than $15,000 **9** $15,001 - $30,000
9 $30,001 - $45,000 **9** $45,001 - $60,000
9 $60,001 - $75,000 **9** More than $75,001

Are you willing to discuss your experiences in early intervention? ***If yes, please provide the following information:***

Name: _____ **Phone Number: (____)** _____

Address: _____

Thank you very much for your time! Revised:3/17/2000

FAMILIES COUNT *(Las Familias Cuentan)* …… *Empezando los Servicios*

Encuesta Familiar 1

...……..…..……. de Virginia

Querido padre o tutor,

Gracias por tomar el tiempo de rellenar esta encuesta. El sistema de Virginia de servicios de intervención temprana quiere conocer cómo lo estamos haciendo desde el punto de vista familiar. Por favor ayúdenos a mejorar los servicios de intervención temprana (servicios que pueden ayudar a los niños más pequeños, de 0 a 3 años con retrasos en el desarrollo o discapacidades y a sus familias) que su hijo/a y su familia están recibiendo respondiendo a las siguientes preguntas. A nadie que proporcione los servicios a su hijo/a y a su familia le serán enseñadas sus respuestas o sabrá lo que usted escriba en este documento.

Iniciándose en la Intervención Temprana

1. ¿Cuántos años tenía su hijo/a la primera vez que su familia supo que su hijo/a tenía necesidades especiales o que podía necesitar ayuda extra? (1año = 12 meses; 1 ½ años = 18 meses; 2 años = 24 meses)
   ____ antes de (o al) nacer a los _____ meses ____ no estoy seguro

---

2. ¿Cómo conoció su familia por primera vez los servicios de intervención temprana? *(Por favor señale una casilla)*
   - ☐ Pediatra o enfermera
   - ☐ Hospital
   - ☐ Escuela/Escuela infantil/Guardería
   - ☐ Amigos/Familiares
   - ☐ Asistente Social
   - ☐ Otros (Lo conocí a través de_____)
   - ☐ Radio/TV/Periódico
   - ☐ Información telefónica especial
   - ☐ Poster/folleto

---

3. ¿Quién fue el primero que se dió cuenta de que su hijo/a tenía necesidades especiales o que podía necesitar ayuda extra? *(Por favor señale una casilla)*
   - ☐ Yo (padre(s) o tutor)
   - ☐ Asistente Social
   - ☐ Otro (por favor díganos quién _____)
   - ☐ Profesor
   - ☐ Amigo o vecino
   - ☐ Otro miembro de la familia
   - ☐ Pediatra o enfermera
   - ☐ No me acuerdo

---

4. ¿Hubo algo que hiciera difícil el que su hijo/a o su familia empezaran los servicios? *(Por favor señale TODOS los que procedan)*
   - ☐ Ningún problema/dificultad
   - ☐ La gente no fue honesta
   - ☐ Nadie me volvió a llamar
   - ☐ Demasiado papeleo
   - ☐ Ningún medio de transporte
   - ☐ Nadie hablaba mi idioma
   - ☐ Los servicios están demasiado lejos
   - ☐ Elegí no usar mi seguro
   - ☐ Otro (por favor díganos qué _____)
   - ☐ No había cuidados para mis otros hijos
   - ☐ Fue duro acordar los horarios para los servicios
   - ☐ Otros miembros de la familia no pensaron que era importante
   - ☐ No tenía el tiempo suficiente a causa de mi trabajo
   - ☐ La primera vez no me di cuenta de la importancia de los servicios
   - ☐ Mi hijo/a tuvo problemas médicos que retrasaron los servicios
   - ☐ Mi compañía aseguradora no quería pagar
   - ☐ Tenía que pagar demasiado dinero

---

5. ¿Dónde van a recibir su hijo/a y su familia los servicios de intervención temprana? *(Por favor señale TODOS los que procedan)*
   - ☐ Casa
   - ☐ Centro del programa infantil
   - ☐ Escuela
   - ☐ Otros lugares en la comunidad (iglesia, centro comunitario, biblioteca, parques y sitios de recreo, etc.)
   - ☐ Otro (por favor díganos donde _____)
   - ☐ No estoy seguro
   - ☐ Guardería
   - ☐ Hospital o centro de terapia (¿Cuál? _____)

Por razones de recopilación de datos , para tener una imagen completa de las familias en el sistema de intervención temprana, nos gustaría usar un código de identificación que asociara la información de esta encuesta a la otra información en el sistema. Nosotros respetaremos su privacidad. Si usted no desea tener esta información vinculada, por favor haga constancia de ello y la información debajo no será rellenada

No deseo que esta información este vinculada.

Código de Identificación
Personal del Niño __ __ __ __
Fecha de Nacimiento __ __ - __ __ - __ __ __ __

Si usted ha perdido el sobre de reenvío, por favor envíe el formulario a :

*Valore cada uno de los siguientes enunciados, usando la escala del 1 al 6 proporcionada, en lo que concierne a usted, a su hijo/a o a su familia. Use 1 si usted discrepa profundamente con el enunciado. Use 2 si discrepa, 3 si discrepa de alguna forma, 4 si está de acuerdo en algo, 5 si está de acuerdo y 6 si está firmemente de acuerdo. Si usted no sabe la respuesta o la pregunta no procede, marque el número 10. Use la sección llamada "**Comentarios Adicionales**" para los enunciados con los que usted no esté de acuerdo o para cualquier otro comentario o sugerencia que pudiera tener.*

Evaluación y Valoración

Las siguientes preguntas son sobre sus experiencias familiares en la evaluación y la valoración. Evaluación significa los procedimientos usados por el personal cualificado para determinar la eligibilidad inicial y de continuidad de un niño.

	Discrepa firmemente ↔ *Coincide firmemente*	*No Sabe*
6. La evaluación realmente mostró las cosas que mi hijo/a puede y no puede hacer.	① ② ③ ④ ⑤ ⑥	⑩
7. Mi hijo/a tuvo una evaluación muy rápidamente una vez yo decidí que era necesaria.	① ② ③ ④ ⑤ ⑥	⑩
8. La evaluación de mi hijo/a fue realizada a una hora y en un lugar que la hizo fácil para nuestra familia.	① ② ③ ④ ⑤ ⑥	⑩
9. Mis preocupaciones sobre mi hijo/a y mi familia fueron respetadas.	① ② ③ ④ ⑤ ⑥	⑩
10. La gente que ayudó a hacer la evaluación escuchó y respondió a mis preguntas.	① ② ③ ④ ⑤ ⑥	⑩
11. Creo que hay una información adecuada en mi comunidad sobre como encontrar los servicios.	① ② ③ ④ ⑤ ⑥	⑩

12. ¿Qué otras cosas le gustaría que supiéramos sobre su experiencia de iniciación en los servicios de intervención temprana?

Coordinación de los Servicios

Todas las familias en intervención temprana tienen una persona que les ayuda en la iniciación a los servicios de intervención temprana y que se asegura de que obtienen los servicios que necesitan para su hijo/a y su familia. Esta es la persona que fue a su casa o que les llamó. Esta persona puede ser llamada coordinadora temporal de los servicios (temporary service coordinator), coordinadora de los servicios (service coordinator) o director del caso (case manager). Esta persona ha trabajado con usted desde que usted fue referido hasta que su primer IFSP (Plan de Servicio Familiar Individualizado) fue terminado.

13. Se quién es la coordinadora de los servicios a mi familia. _____ Si _____ No _____ No estoy seguro

14. Se cómo llamar o encontrar a mi coordinadora de los servicios cuando la necesito. _____ Si _____ No _____ No estoy seguro

	Discrepa firmemente ↔ *Coincide firmemente*	*No Sabe*
15. Nuestra coordinadora de los servicios me escuchó cuando le hablé de lo que es mejor para mi hijo/a y mi familia.	① ② ③ ④ ⑤ ⑥	⑩
16. Nuestra coordinadora de los servicios entendió las necesidades de mi hijo/a y mi familia.	① ② ③ ④ ⑤ ⑥	⑩
17. Nuestra coordinadora de los servicios nos preguntó sobre los recursos que utilizamos en nuestra comunidad (p.ej., guardería, parque, iglesia, centro de la comunidad, vecindario).	① ② ③ ④ ⑤ ⑥	⑩
18. Nuestra coordinadora de los servicios nos ofreció darnos más información sobre otros recursos de nuestra comunidad (p.ej., guardería, parque, iglesia, centro de la comunidad, vecindario).	① ② ③ ④ ⑤ ⑥	⑩
19. Me siento confortable compartiendo todo lo que yo quiera sobre mi hijo/a y mi familia con nuestra coordinadora de los servicios.	① ② ③ ④ ⑤ ⑥	⑩

20. ¿ Qué otras cosas le gustaría que supiéramos sobre sus experiencias con la coordinadora de los servicios?

Plan de Servicio Familiar Individualizado

Las siguientes preguntas son sobre la planificación y escritura del "Plan de Servicio Familiar Individualizado" (Individualized Family Service Plan, IFSP), el plan escrito que enumera los objetivos/resultados y los servicios.

	Discrepa firmemente ↔ *Coincide firmemente*	*No Sabe*
21. Yo opiné sobre los servicios de intervención temprana que serían apropiados para los objetivos/resultados en nuestro IFSP.	① ② ③ ④ ⑤ ⑥	⑩
22. A mi familia le fue dada la oportunidad de decir si nosotros queríamos algún servicio de intervención.	① ② ③ ④ ⑤ ⑥	⑩
23. Yo ayudé a decidir que servicios de intervención temprana estarían enumerados en nuestro IFSP.	① ② ③ ④ ⑤ ⑥	⑩
24. Entiendo lo que está escrito en nuestro IFSP.	① ② ③ ④ ⑤ ⑥	⑩
25. Me fue dada una copia de nuestro IFSP incluyendo un resumen de la evaluación.	① ② ③ ④ ⑤ ⑥	⑩
26. Los objetivos/resultados escritos en nuestro IFSP son las cosas que yo quiero para mi hijo/a y mi familia.	① ② ③ ④ ⑤ ⑥	⑩
27. Yo ayudé a decidir donde recibirá mi hijo/a los servicios de intervención temprana. *(P.ej., casa, escuela infantil, guardería, centro, etc.)*	① ② ③ ④ ⑤ ⑥	⑩
28. Yo hablé de como serían pagados mis servicios de intervención temprana.	① ② ③ ④ ⑤ ⑥	⑩
29. Las cosas que dije durante la reunión del IFSP fueron entendidas y respetadas.	① ② ③ ④ ⑤ ⑥	⑩
30. Lo que mi hijo/a y mi familia hacen regularmente fue considerado al desarrollar nuestro IFSP.	① ② ③ ④ ⑤ ⑥	⑩
31. Las cosas que dije durante nuestra reunión del IFSP ayudaron a obtener los servicios necesarios para mi hijo/a y mi familia.	① ② ③ ④ ⑤ ⑥	⑩

32. ¿ Qué otras cosas le gustaría que supiéramos sobre sus experiencias al obtener el IFSP de su hijo/a?

Derechos Legales y Procedimientos de Seguridad

Todas las familias en intervención temprana tienen ciertos derechos y garantías que los protegen. Las siguientes preguntas son sobre estos Derechos Legales y Procedimientos de Seguridad.

	Discrepa firmemente ↔ *Coincide firmemente*	*No Sabe*
33. Conozco mis derechos legales y protecciones bajo la ley de intervención temprana (early intervention law) (como qué hacer si no estoy de acuerdo con una decisión tomada sobre los servicios de intervención temprana de mi hijo/a).	① ② ③ ④ ⑤ ⑥	⑩

34. Me fue dada una copia de Estado de Virginia Información de los Derechos Familiares y del Niño en ¡Los Niños No Pueden Esperar! Parte C del Sistema de Intervención Temprana de Virginia (*Commonwealth of Virginia Notice of Child and Family Rights in the Virginia Babies Can't Wait! Part C Early Intervention System*) y Una Guía de los Derechos Familiares en el Sistema de Intervención Temprana de Virginia (*A Guide to Family Rights in the Virginia Early Intervention System*). ____ Si ____ No ____ No estoy seguro

Comentarios Adicionales:

Información Personal: ***(esta sección es opcional, por favor conteste sólo aquellas preguntas con las que se sienta cómodo.)*** Por favor cuéntenos algo más sobre usted y su familia. *(Marque la respuesta más adecuada a las siguientes preguntas.)*

¿Cuál es su código postal? __ __ __ __ __

¿Cuánta gente hay en el grupo familiar del niño/a?
☐ 1-2 ☐ 3-4 ☐ 5-6
☐ 7-8 ☐ más de 8

¿Cuál es su relación con el niño/a que está recibiendo los servicios de intervención temprana? Del niño, yo soy:
☐ Padre/Madre
☐ Padre/Madre de acogida
☐ Abuelo/a
☐ Otro miembro de la familia (tio/a, etc.)
☐ Otro _____
☐ Marque aquí si usted es el principal cuidador del niño/a

¿Cómo describiría usted a su familia?
☐ Biparental
☐ Monoparental
☐ Familia de acogida
☐ Otro _____

¿Hay algún otro niño/a en la familia recibiendo los servicios de intervención temprana, tanto ahora como en el pasado?
☐ Si ☐ No ☐ No estoy seguro

¿Qué edad, en meses, tiene su hijo/a ahora? (1año = 12 meses; 1 ½ años = 18 meses; 2 años = 24 meses)
_____ meses

¿Cuál es la raza/origen étnico de su hijo/a?
☐ Asiático
☐ Negro/Afroamericano
☐ Hispano
☐ Otro _____
☐ Nativo americano
☐ Isleño del Pacífico
☐ Blanco/Caucásico

¿Cuál es el nivel de ingreso anual de la familia del niño/a?
☐ Menos de $15.000
☐ $15.001-$30.000
☐ $30.001-$45.000
☐ $45.001-$60.000
☐ $60.001-$75.001
☐ Más de $75.0001

Si le gustaría hablar con alguien en la oficina estatal de intervención temprana (state office of early intervention), por favor llámenos al (804) 786-3710.

Si le gustararía una copia del informe más reciente sobre la encuesta familiar, por favor contacte con su coordinador/a del consejo (council coordinator). Para obtener el nombre y el teléfono de su coordinador/a local del consejo, por favor llame a primeros pasos (first steps) al 1-(800) 234-1448

¿Está usted deseando compartir su experiencia en intervención temprana? *Si es así, por favor proporcione la siguiente información*

Nombre: _____ **Número de Teléfono: (_____)**_____

Dirección: _____

¡Muchas gracias por su tiempo!

§

Revisado: 3/17/2000

FAMILIES COUNT ***(Las Familias Cuentan)*** ***…….……. Continuando los Servicios***

Encuesta Familiar 2

...……..…..……. de Virginia

Querido padre o tutor,

Gracias por tomar el tiempo de rellenar esta encuesta. Su hijo/a acaba de terminar los servicios de intervención temprana. El sistema de Virginia de servicios de intervención temprana quiere conocer cómo lo estamos haciendo desde el punto de vista familiar. Por favor ayúdenos a mejorar los servicios de intervención temprana (servicios que pueden ayudar a los niños más pequeños, de 0 a 3 años con retrasos en el desarrollo o discapacidades y a sus familias) que su hijo/a y su familia han recibido respondiendo a las siguientes preguntas. A nadie que proporcionó los servicios a su hijo/a y a su familia le serán enseñadas sus respuestas o sabrá lo que usted escriba en este documento.

Recibiendo los Servicios

Las siguientes preguntas son sobre las experiencias de su familia recibiendo los servicios de intervención temprana

1. ¿Qué servicios de intervención temprana recibió su hijo/a y su familia? *(Por favor marque **TODOS** los servicios que usted recibió.)*

- ☐ Tecnología asistiva (equipamiento especial)
- ☐ Cuidados auditivos (oido)
- ☐ Orientación o educación familiar
- ☐ Educación Infantil
- ☐ Atención o asistencia médica
- ☐ Servicios de nutrición
- ☐ Terapia ocupacional
- ☐ Terapia física
- ☐ Servicios psicológicos
- ☐ Cuidados de respiro
- ☐ Coordinación del servicio
- ☐ Servicios de asistencia social
- ☐ Terapia del habla o del lenguaje
- ☐ Asistencia en el transporte
- ☐ Servicios de visión
- ☐ Otro (Por favor díganos cuál _____)

2. ¿Dónde recibió su hijo/a los servicios de intervención temprana? *(Por favor marque **TODOS** los que procedan)*

- ☐ Casa
- ☐ Escuela
- ☐ Guardería/baby sitter
- ☐ Hospital o centro de terapia (¿Cuál? _____)
- ☐ Centro de programas infantiles
- ☐ Otro lugar de la comunidad (iglesia, centro de la comunidad, biblioteca, parques y sitios de recreo, etc.)
- ☐ Otro (Por favor díganos donde _____)

Por razones de recopilación de datos , para tener una imagen completa de las familias en el sistema de intervención temprana, nos gustaría usar un código de identificación que asociara la información de esta encuesta a la otra información en el sistema. Nosotros respetaremos su privacidad. Si usted no desea tener esta información vinculada, por favor haga constancia de ello y la información debajo no será rellenada

No deseo que esta información este vinculada.

Código de Identificación
Personal del Niño __ __ __ __
Fecha de Nacimiento __ __ - __ __ - __ __ __ __

Si usted ha perdido el sobre de reenvío, por favor envíe el formulario a :

3. ¿Cuál de las siguientes personas o lugares en su comunidad les ayudó a su hijo/a y a su familia a trabajar en los objetivos/resultados de su IFSP? (Por favor marque **TODOS** los que usted usó)

- ☐ Baby sitter/guardería
- ☐ Departamento para los discapacitados visuales
- ☐ Iglesia
- ☐ Junta de Servicios Comunitaria (Community Services Board, CSB)
- ☐ Centro comunitario
- ☐ Internet
- ☐ Departamento de Servicios Sociales
- ☐ Departamento para la Sordera (Dept. for Deaf and Hard of Hearing)
- ☐ Clínica para el desarrollo del niño
- ☐ Amigos/vecinos
- ☐ Departamento de salud
- ☐ Centros de recursos para los padres
- ☐ Programa infantil
- ☐ Departamento de parques y recreo
- ☐ Escuela
- ☐ Mi familia
- ☐ Grupos de apoyo a los padres
- ☐ Biblioteca
- ☐ Hospital o centro de terapia (Por favor díganos cuál _____)
- ☐ Otro (Por favor díganos quién _____)

4. ¿Hubo algo que hiciera difícil a su hijo/a y a su familia continuar con los servicios? *(Por favor marque **TODOS** los que procedan)*

- ☐ Ningún problema/dificultad
- ☐ La gente no fue honesta
- ☐ Nadie me volvió a llamar
- ☐ Demasiado papeleo
- ☐ Ningún medio de transporte
- ☐ Nadie hablaba mi idioma
- ☐ Los servicios están demasiado lejos
- ☐ Elegí no usar mi seguro
- ☐ No había cuidados para mis otros hijos
- ☐ Fue duro acordar los horarios para los servicios
- ☐ Otros miembros de la familia no pensaron que era importante
- ☐ No tenía el tiempo suficiente a causa de mi trabajo
- ☐ La primera vez no me di cuenta de la importancia de los servicios
- ☐ Mi hijo/a tuvo problemas médicos que retrasaron los servicios
- ☐ Mi compañía aseguradora no quería pagar
- ☐ Tenía que pagar demasiado dinero
- ☐ Otro (por favor díganos qué _____)

¿Qué le hubiera hecho más fácil recibir estos servicios?

Recibiendo los servicios/Coordinación de los servicios

Las siguientes preguntas son sobre sus experiencias familiares recibiendo los servicios y con la coordinación de los mismos.

*Valore cada uno de los siguientes enunciados, usando la escala del 1 al 6 proporcionada, en lo que concierne a usted, a su hijo/a o a su familia. Use 1 si usted discrepa profundamente con el enunciado. Use 2 si discrepa, 3 si discrepa de alguna forma, 4 si está de acuerdo en algo, 5 si está de acuerdo y 6 si está firmemente de acuerdo. Si usted no sabe la respuesta o la pregunta no procede, marque el número 10. Use la sección llamada "**Comentarios Adicionales**" para los enunciados con los que usted no esté de acuerdo o para cualquier otro comentario o sugerencia que pudiera tener.*

	Discrepa firmemente ↔ *Coincide firmemente*						*No Sabe*
5. Tuve los servicios de intervención temprana que nosotros necesitamos.	①	②	③	④	⑤	⑥	⑩
6. La gente que nos ayudó con los servicios de intervención temprana hizo un buen trabajo.	①	②	③	④	⑤	⑥	⑩
7. Fue fácil hablar y trabajar con la gente que nos ayudó con los servicios de intervención temprana.	①	②	③	④	⑤	⑥	⑩
8. Fui tratado con respeto.	①	②	③	④	⑤	⑥	⑩
9. Me fue fácil asistir a las reuniones del IFSP.	①	②	③	④	⑤	⑥	⑩
10. Las cosas dichas durante la(s) reunión(es) del IFSP fueron entendidas y respetadas.	①	②	③	④	⑤	⑥	⑩
11. Los servicios que nos fueron proporcionados satisfacían las necesidades de nuestro hogar y/o estilo de trabajo.	①	②	③	④	⑤	⑥	⑩

Recibiendo los servicios/Coordinación de los servicios *(continuación)*

	Discrepa firmemente ↔ *Coincide firmemente*	*No Sabe*
12. La gente que trabajó con nuestra familia nos ayudó a conocer los recursos informales y de la comunidad. (p. ej., familia, familia extensa, clero)	① ② ③ ④ ⑤ ⑥	⑩
13. Tuve acceso a materiales traducidos en mi lengua nativa o medios de comunicación principales (braille o intérprete señas/oral) para las reuniones del IFSP. *(si fueron necesarios o solicitados)*	① ② ③ ④ ⑤ ⑥	⑩
14. Tuve acceso a un traductor en mi lengua nativa o medios de comunicación principales (braille o intérprete señas/oral) para las reuniones del IFSP. *(si fueron necesarios o solicitados)*	① ② ③ ④ ⑤ ⑥	⑩
15. Mi hijo/a ha mejorado porque ha recibido los servicios de intervención temprana.	① ② ③ ④ ⑤ ⑥	⑩
16. Los servicios de intervención temprana nos ayudaron a saber más sobre nuestro hijo/a.	① ② ③ ④ ⑤ ⑥	⑩
17. Estoy contento con el progreso que mi hijo/a ha realizado.	① ② ③ ④ ⑤ ⑥	⑩
18. Los servicios proporcionados a mi hijo/a y a mi familia ayudaron a alcanzar los objetivos/resultados que yo había fijado.	① ② ③ ④ ⑤ ⑥	⑩
19. Yo era capaz de contactar con nuestra coordinadora de los servicios cuando lo necesitaba.	① ② ③ ④ ⑤ ⑥	⑩
20. Nuestra coordinadora de los servicios nos ayudó a entender el proceso del IFSP.	① ② ③ ④ ⑤ ⑥	⑩
21. Estuve satisfecho con la forma en la que la coordinación de los servicios fue realizada.	① ② ③ ④ ⑤ ⑥	⑩
22. Los servicios a mi hijo/a fueron proporcionados como parte de nuestras actividades regulares. (p. ej., durante los juegos, la comida, ir al parque, hacer la compra, etc.)	① ② ③ ④ ⑤ ⑥	⑩
23. Me sentí cómodo hablando con nuestra coordinadora de los servicios sobre preguntas, preocupaciones y servicios para mi hijo y mi familia. (asesoramiento; satisfacción de necesidades básicas tales como vivienda, comida, servicios auxiliares; etc.)	① ② ③ ④ ⑤ ⑥	⑩
24. El IFSP de mi hijo/a fue revisado sobre la marcha.	① ② ③ ④ ⑤ ⑥	⑩

25. ¿Qué otras cosas le gustaría que supiéramos sobre su experiencia al recibir los servicios de intervención temprana?

Pago de los Servicios

Las siguientes preguntas son sobre el pago de los servicios de intervención temprana que su familia y su hijo/a recibieron.

26. ¿Cómo pagó su familia los servicios de intervención temprana? *(Por favor marque **TODOS** los que procedan)*

- ☐ Nuestro propio dinero
- ☐ Seguro privado
- ☐ Medicaid
- ☐ Tricare
- ☐ No lo sé
- ☐ Escala móvil de tarifa
- ☐ Medicaid HMO
- ☐ Fondos del Consejo de Coordinación Interagencial (Interagency Coordinating Council Funds)
- ☐ Otro (por favor díganos como _____)

27. Los servicios de intervención temprana le costaron a mi familia:

- ☐ Más de lo que esperaba
- ☐ Menos de lo que esperaba
- ☐ Más o menos lo que esperaba
- ☐ No tenía ni idea de lo que esperar

28. Necesité más ayuda para pagar mis servicios de intervención temprana. ___ Si ___ No ___ No estoy seguro

¿Qué otras cosas le gustaría que supiéramos sobre su experiencia en el pago de los servicios de intervención temprana?

Servicios de Transición

Las siguientes preguntas son sobre cómo fueron las cosas cuando llegó la hora para su hijo/a y su familia de dejar la intervención temprana.

29. ¿Continúa su hijo/a necesitando los servicios después la intervención temprana? ___ Si ___ No ___ No estoy seguro

*Valore cada uno de los siguientes enunciados, usando la escala del 1 al 6 proporcionada, en lo que concierne a usted, a su hijo/a o a su familia. Use 1 si usted discrepa profundamente con el enunciado. Use 2 si discrepa, 3 si discrepa de alguna forma, 4 si está de acuerdo en algo, 5 si está de acuerdo y 6 si está firmemente de acuerdo. Si usted no sabe la respuesta o la pregunta no procede, marque el número 10. Use la sección llamada "**Comentarios Adicionales**" para los enunciados con los que usted no esté de acuerdo o para cualquier otro comentario o sugerencia que pudiera tener.*

Si uted respondió no o no estoy seguro a la pregunta número 29, por favor sáltese si quiere las preguntas 32 – 34 (preguntas en la caja sombreada)	*Discrepa firmemente* ↔ *Coincide firmemente*	*No Sabe*
30. Nuestra experiencia en intervención temprana me hizo sentir más seguro a la hora de encontar maneras de satisfacer las necesidades de mi hijo/a.	① ② ③ ④ ⑤ ⑥	⑩
31. Alguien habló con mi familia sobre los diferentes lugares donde mi hijo/a podía recibir los servicios después de la intervención temprana.	① ② ③ ④ ⑤ ⑥	⑩
32. Alguien estuvo disponible para ayudar a mi familia sobre lo que hacer (como rellenar los formularios e ir a las reuniones) para obtener los servicios para mi hijo/a después de dejar la intervención temprana.	① ② ③ ④ ⑤ ⑥	⑩
33. Mi hijo/a continua recibiendo los servicios que fueron planificados después de dejar los servicios de intervención temprana.	① ② ③ ④ ⑤ ⑥	⑩
34. El cambio de los servicios de intervención temprana a los servicios preescolares fue fácil para nosotros.	① ② ③ ④ ⑤ ⑥	⑩

35. Mi hijo/a tenía ____ meses de edad cuando empezamos los servicios de intervención temprana.
36. Mi hijo/a tenía ____ meses de edad cuando acabamos los servicios de intervención temprana.
37. ¿Qué otras cosas le gustaría que supiéramos sobre su experiencia en la transición?

Información Personal: ***(esta sección es opcional, por favor conteste sólo aquellas preguntas con las que se sienta cómodo.)*** *Por favor cuéntenos algo más sobre usted y su familia. (Marque la respuesta más adecuada a las siguientes preguntas.)*

¿Cuál es su código postal? __ __ __ __ __

¿Cuánta gente hay en el grupo familiar del niño/a?
☐ 1-2 ☐ 3-4 ☐ 5-6
☐ 7-8 ☐ más de 8

¿Cuál es su relación con el niño/a que está recibiendo los servicios de intervención temprana? Del niño, yo soy:
☐ Padre/Madre
☐ Padre/Madre de acogida
☐ Abuelo/a
☐ Otro miembro de la familia (tio/a, etc.)
☐ Otro _____
☐ Marque aquí si usted es el principal cuidador del niño/a

¿Cómo describiría usted a su familia?
☐ Biparental
☐ Monoparental
☐ Familia de acogida
☐ Otro _____

¿Hay algún otro niño/a en la familia recibiendo los servicios de intervención temprana, tanto ahora como en el pasado?
☐ Si ☐ No ☐ No estoy seguro

¿Qué edad, en meses, tiene su hijo/a ahora? (1año = 12 meses; 1 ½ años = 18 meses; 2 años = 24 meses)
_____ meses

¿Cuál es la raza/origen étnico de su hijo/a?
☐ Asiático
☐ Negro/Afroamericano
☐ Hispano
☐ Otro _____
☐ Nativo americano
☐ Isleño del Pacífico
☐ Blanco/Caucásico

¿Cuál es el nivel de ingreso anual de la familia del niño/a?
☐ Menos de $15.000
☐ $15.001-$30.000
☐ $30.001-$45.000
☐ $45.001-$60.000
☐ $60.001-$75.001
☐ Más de $75.0001

¿Está usted deseando compartir su experiencia en intervención temprana? *Si es así, por favor proporcione la siguiente información*

Nombre: _____ **Número de Teléfono: (_____)**_____

Dirección: _____

¡*Muchas gracias por su tiempo!*

Revisado: 3/17/2000

VIRGINIA *LOCAL*[1] MONITORING SYSTEM INDICATORS

Local EI System Interagency Agreement(s)

DRAFT: December 9, 2002

VIRGINIA EARLY INTERVENTION SYSTEM COMPONENT (From: Virginia Application for Federal Funds Under Part H of I.D.E.A., August, 1997)	INDICATORS: **These are local Interagency Agreement indicators only**. This matrix is intended to be used by the local EI System as a tool for responding to the Local Interagency Agreement Indicator in the master list. The local early intervention system is defined as *all local early intervention agencies/providers in conjunction with the local council .*	DOES THE LOCAL EI SYSTEM'S INTERAGENCY AGREEMENT MEET THE INDICATED CRITERIA?
<u>COMPONENT I.</u> STATE DEFINITION OF DEVELOPMENTAL DELAY; DEFINITION OF ELIGIBILITY SERVICES		
Virginia's definition of developmental delay and eligibility procedures ensure that all children from birth through age two who are developmentally delayed or have a diagnosed physical or mental condition that has a high probability of resulting in delay are eligible to participate in the Part H program. [Component I. State Definition of Developmental Delay; Definition of Eligibility Services]		
<u>COMPONENT II.</u> CENTRAL DIRECTORY POLICIES		
The lead agency assures that Virginia has a Central Directory; assures that the Central Directory includes and maintains information in sufficient detail; assures that information is updated at least annually and that the information is accessible to the general public; arranges for print or alternative form copies of the directory to be available; assures that consumers, professional and other primary referral sources are made aware of the availability of the Directory [Component II. Central Directory]		

[1]This master list of monitoring indicators represents indicators to be measured at the local level only. Indicators that need to be measured at the state level are not listed here.

VIRGINIA EARLY INTERVENTION SYSTEM COMPONENT (From: Virginia Application for Federal Funds Under Part H of I.D.E.A., August, 1997)	INDICATORS: **These are local Interagency Agreement indicators only**. This matrix is intended to be used by the local EI System as a tool for responding to the Local Interagency Agreement Indicator in the master list. The local early intervention system is defined as *all local early intervention agencies/providers in conjunction with the local council .*	DOES THE LOCAL EI SYSTEM'S INTERAGENCY AGREEMENT MEET THE INDICATED CRITERIA?
<u>COMPONENT III.</u> TIMETABLES FOR SERVING ALL ELIGIBLE CHILDREN		
SEE VIRGINIA APPLICATION FOR FEDERAL FUNDS, PART 3: REQUIREMENTS RELATED TO COMPONENTS OF STATEWIDE SYSTEM (COMPONENT III)		
<u>COMPONENT IV.</u> PUBLIC AWARENESS		
The lead agency assures that Virginia has developed a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services under Part H. [Component IV . Public Awareness]		
<u>COMPONENT V.</u> COMPREHENSIVE CHILD FIND		

VIRGINIA EARLY INTERVENTION SYSTEM COMPONENT (From: Virginia Application for Federal Funds Under Part H of I.D.E.A., August, 1997)	INDICATORS: **These are local Interagency Agreement indicators only**. This matrix is intended to be used by the local EI System as a tool for responding to the Local Interagency Agreement Indicator in the master list. The local early intervention system is defined as *all local early intervention agencies/providers in conjunction with the local council .*	DOES THE LOCAL EI SYSTEM'S INTERAGENCY AGREEMENT MEET THE INDICATED CRITERIA?
The lead agency assures that the child find process in Virginia is a comprehensive, interagency, ongoing effort that assures that all eligible infants and toddlers in Virginia are identified, located, and evaluated; and which children are receiving needed services. [Component V A Comprehensive Child Find: General Child Find System Requirements]	5-8. The local agreement is consistent with state level agreements. [Component V. C2b]	5-8. YES **9** NO **9** COMMENTS: _____ _____ _____ _____
	5-9. The local agreement includes statement(s): (a) Describing how the agreement will build upon existing local services and resources for infants/toddlers and their families. [Component V.C2b] (b) Identifying procedures for the local early intervention agencies/providers in conjunction with the local council to provide ongoing, up-to-date information to agencies involved in the development and implementation of the child find system. [Component V. C2b(1)] (c) Clarifying the role of each agency included in the agreement. [Component V. C2b(2)] (d) Identifying opportunities where more specific interagency agreements would facilitate the implementation of a local child find system. [Component V. C2b(3)]	5-9. YES **9** NO **9** COMMENTS: _____ _____ _____ _____

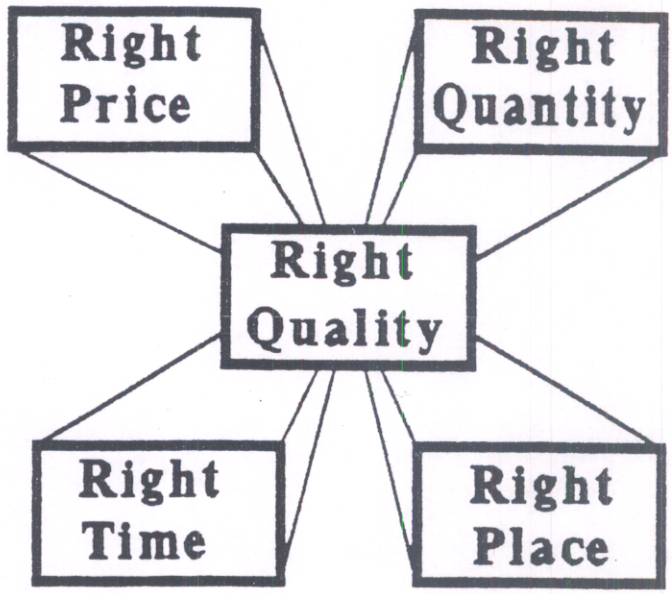
VIRGINIA EARLY INTERVENTION SYSTEM COMPONENT (From: Virginia Application for Federal Funds Under Part H of I.D.E.A., August, 1997)	INDICATORS: **These are local Interagency Agreement indicators only**. This matrix is intended to be used by the local EI System as a tool for responding to the Local Interagency Agreement Indicator in the master list. The local early intervention system is defined as *all local early intervention agencies/providers in conjunction with the local council .*	DOES THE LOCAL EI SYSTEM'S INTERAGENCY AGREEMENT MEET THE INDICATED CRITERIA?
<u>COMPONENT VI.</u> EVALUATION, ASSESSMENT AND NONDISCRIMINATORY PROCEDURES		
The Lead Agency ensures the performance of a timely, comprehensive, multidisciplinary evaluation of each child, 0 through 2 years, referred for evaluation, which includes assessment activities related to the child and the child's family. [Component VI A. Evaluation, Assessment & Nondiscriminatory Practices: Multidisciplinary Evaluation and Assessment]	6-1. The local council's interagency agreement includes: (a) the requirement that the participating agency provides staff to participate in evaluations and assessments. [Component VI. A2a] (b) a provision to guide the resolution of conflicts that occur between participating agencies or between an agency and the council. [Component VI. A2a]	6-1. YES **9** NO **9** COMMENTS: _____ _____ _____ _____
<u>COMPONENT VII.</u> INDIVIDUALIZED FAMILY SERVICE PLAN		
The Lead Agency ensures that an IFSP is developed, in accordance with Federal regulations, for each eligible from 0 through 2 years, and a current IFSP is in effect and implemented for each eligible child and the child's family. [Component VII. Individualized Family Service Plans: IFSP Development, Review and Evaluation, Content]	7-19. The local council's interagency agreement(s) includes statement(s) defining the agency's role in providing service coordination. [Component VII. H2b	7-19. YES **9** NO **9** COMMENTS: _____ _____ _____ _____

VIRGINIA EARLY INTERVENTION SYSTEM COMPONENT (From: Virginia Application for Federal Funds Under Part H of I.D.E.A., August, 1997)	INDICATORS: **These are local Interagency Agreement indicators only**. This matrix is intended to be used by the local EI System as a tool for responding to the Local Interagency Agreement Indicator in the master list. The local early intervention system is defined as *all local early intervention agencies/providers in conjunction with the local council .*	DOES THE LOCAL EI SYSTEM'S INTERAGENCY AGREEMENT MEET THE INDICATED CRITERIA?
<u>COMPONENT VIII.</u> COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT		
The Lead Agency ensures that a Part H Comprehensive System of Personnel Development is established. [Component VIII. Comprehensive System of Personnel Development]		
<u>COMPONENT IX.</u> PERSONNEL STANDARDS		
SEE VIRGINIA APPLICATION FOR FEDERAL FUNDS, PART 3: REQUIREMENTS RELATED TO COMPONENTS OF STATEWIDE SYSTEM (COMPONENT IX)		
<u>COMPONENT X.</u> PROCEDURAL SAFEGUARDS		
The Lead Agency ensures that parents maintain a leadership role in services to their child, including offering the opportunity for the parents to be informed about the safeguards which have been established to protect them and their child. [Component X. A Procedural Safeguards: Protection of the Rights of the Child and Parents; Impartial Procedures for Resolution of Parent/Provider Disagreements; Confidentiality; and Surrogate Parents]		

VIRGINIA EARLY INTERVENTION SYSTEM COMPONENT (From: Virginia Application for Federal Funds Under Part H of I.D.E.A., August, 1997)	INDICATORS: **These are local Interagency Agreement indicators only**. This matrix is intended to be used by the local EI System as a tool for responding to the Local Interagency Agreement Indicator in the master list. The local early intervention system is defined as *all local early intervention agencies/providers in conjunction with the local council .*	DOES THE LOCAL EI SYSTEM'S INTERAGENCY AGREEMENT MEET THE INDICATED CRITERIA?
<u>COMPONENT XI.</u> SUPERVISION AND MONITORING OF PROGRAMS		
SEE VIRGINIA APPLICATION FOR FEDERAL FUNDS, PART 3: REQUIREMENTS RELATED TO COMPONENTS OF STATEWIDE SYSTEM (COMPONENT XI)		
<u>COMPONENT XII.</u> LEAD AGENCY PROCEDURES FOR RESOLVING CONFLICTS		
SEE VIRGINIA APPLICATION FOR FEDERAL FUNDS, PART 3: REQUIREMENTS RELATED TO COMPONENTS OF STATEWIDE SYSTEM (COMPONENT XI (SEE ALSO COMPONENT X))		
<u>COMPONENT XIII.</u> POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS		
The Lead Agency has established policies related to how services to children eligible under Part H and their families will be paid for under Virginia's early intervention program. [Component XIII. Policies and Procedures Related to Financial Matters]	13-1. The local council interagency agreement includes a description of how services to children eligible under Part H and their families will be paid for under Virginia's early intervention program [Component XIII. A1b]	13-1. YES **9** NO **9** COMMENTS: _____ _____ _____ _____

VIRGINIA EARLY INTERVENTION SYSTEM COMPONENT (From: Virginia Application for Federal Funds Under Part H of I.D.E.A., August, 1997)	INDICATORS: **These are local Interagency Agreement indicators only**. This matrix is intended to be used by the local EI System as a tool for responding to the Local Interagency Agreement Indicator in the master list. The local early intervention system is defined as *all local early intervention agencies/providers in conjunction with the local council .*	DOES THE LOCAL EI SYSTEM'S INTERAGENCY AGREEMENT MEET THE INDICATED CRITERIA?
COMPONENT XIV. INTERAGENCY AGREEMENTS; RESOLUTION OF INDIVIDUAL DISPUTES		
The Lead Agency has entered into formal interagency agreement with other state-level agencies involved in Virginia's early intervention program. The Lead Agency strongly recommends the development of local interagency agreements in accordance with Part H policies and procedures. The Lead Agency ensures the resolution of individual disputes in accordance with Part H policies and procedures. [Component XIV. Interagency Agreements, Resolution of Disputes]		
COMPONENT XV. POLICY FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICES		
The Lead Agency has a policy in effect pertaining to contracting or making other arrangements with public or private service providers to provide early intervention services. [Component XV. Policy for Contracting or Otherwise Arranging for Services]		
COMPONENT XVI. DATA COLLECTION		
The Lead Agency has developed and implemented a data collection system that specifies the procedures that Virginia uses to compile data on the statewide system necessary to fulfill federal reporting requirements and for other state reporting purposes. [Component XVI: Data Collection]	16-4. The local council interagency agreement includes statements outlining the participating local agencies' responsibilities related to data collection and reporting [Component XVI: B6]	16-4. YES **9** NO **9** COMMENTS: _____ _____ _____ _____

PROCUREMENT



GETTING THE SERVICES YOU NEED: A GUIDELINE

Department of Mental Health, Mental Retardation and Substance Abuse Services
Office of General Services, Procurement Office

January 1994

Procedures for the Purchase of Services and the Establishment of Contracts

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Section 1

OVERVIEW

Sub-Section 1.100 - Authority and Scope

The responsibility for procurement within DMHMRSAS has been delegated by the Commissioner to the following offices of the Division of Finance and Administration...

Office:	**Specific Responsibilities:**
Office of General Services, Procurement Office (OGS/PO)	? Purchase of Services. ? Management of contracts. ? Inter-agency or inter-governmental agreements. ? Multi-agency procurements. ? Grant awards. ? Non-monetary agreements. ? Monitor and assists facility procurement and materiel management functions. ? CSB procurement training. ? CSB technical assistance.
Office of General Services, Storeroom	? Supplies ? Furniture ? Other non-service purchases.
Office of Architect & Engineering Services	Procurements related to construction/capital projects.

NOTE: This Guide covers only those services provided by the Office of General Services, Procurement Office (OGS/PO).

Sub-Section 1.200 - Purpose of this Guide

This Guide provides users with information relating to:

- How to properly obtain needed services.
- How to comply with State procurement laws and regulations.
- Basic requirements of DMHMRSAS.

Sub-Section 1.300 - Definitions of Procurement Terms

IFB An IFB is an Invitation for Bids. This is a type of solicitation, containing or incorporating by reference the specifications or scope of work and all contractual terms and conditions, used to solicit written bids for a specific requirement for goods or nonprofessional services. An award is made to the lowest responsive and responsible bidder.

RFP An RFP is a Request for Proposals. This is a type of solicitation for vendors to submit proposals which contain the precise details of how the service will be delivered. Consultant and technical services are often difficult to specify and there are usually various ways consultants can deliver services and still meet the primary objective. The RFP defines the objectives of the service delivery and the standards which must be met. this gives the contractor flexibility to submit options and use approaches which have not been previously considered. The award is based on several aspects of the contractor's offer, not simply on the lowest bid. Negotiations of the approach to the delivery of the service, as well as the cost factors, are allowed in this method of procurement.

FEI The FEI is the contractor's Federal Employer Identification Number. This is the number assigned to the contractor by the Federal Government. Either this number of the Social Security Number (SSN) is required so that the contractor can be paid.

SSN The SSN is the contractor's Social Security Number. Either this number or the FEI number is required so that the contractor can be paid.

SRS An SRS is a Services Requisition Summary (See Appendix Exhibit 1). This was formerly called a Contract Face Sheet and is used to initiate a contract.

Procedures for the Purchase of Services and the Establishment of Contracts

Sub-Section 1.400 - Quick Reference Chart

SERVICES AND BASIC PROCUREMENT REQUIREMENTS
TABLE I

	Estimated Value of the Services (In Dollars)			
Task to be Performed	**1.00 - 2,000**	**2,001 - 5,000**	**5,001 - 15,000**	**Over 15,000**
Services Requisition Summary	Yes	Yes	Yes	Yes
Competition Required	No	Yes	Yes	Yes
one or Fax Quotes Permitted	Yes	Yes	No	No
Formal IFB or RFP required	No	No	No	Yes
Advertising Required	No	No	Yes	Yes
Purchase Order Issued	Option	Option	No	No
Two-pary Contract	No	Option	Yes	Yes
Procurement Office Approval	Yes	Yes	Yes	Yes
Fiscal Approval	Yes	Yes	Yes	Yes
Budget Approval	Yes	Yes	Yes	Yes
Contract Officer Sign Agreement	Yes	No (Except Conference Accomodations)	No	No

Procedures for the Purchase of Services and the Establishment of Contracts

	Estimated Value of the Services (In Dollars)			
Task to be Performed	1.00 - 2,000	2,001 - 5,000	5,001 - 15,000	Over 15,000
Commissioner Sign Agreement	No	Yes (see above)	Yes	Yes

QUICK REFERENCE
PLANNING FOR PROCUREMENT LEAD TIME

TABLE II

	Estimated Value of the Services (In Dollars)			
Plan for the Completion of This Task: (Many of theses tasks are concurrent)	1.00 - 2,000	2,001 - 5,000	5,001 - 15,000	Over 15,000
Services Requisition Summary	1 day	1 day	1 day	1 day
Procurement Office Approval	1-2 days	1-2 days		
Fiscal and Budget Office Approval	1-2 days	1-2 days	1-2 days	1-2 days
Completion and Approval Sole Source Request	Not Required	3-5 days	Up to 6 weeks	Up to 6 weeks
Phone or Fax Quotes	1-2 days	1-2 days		
Develop simple specifications, IFB or RFP		1 day	Up to 1 week	Up to 4 weeks
Advertising			3-4 weeks	3-6 weeks

Procedures for the Purchase of Services and the Establishment of Contracts

Plan for the Completion of This Task: (Many of theses tasks are concurrent)	Estimated Value of the Services (In Dollars) 1.00 - 2,000	2,001 - 5,000	5,001 - 15,000	Over 15,000
Vendor Response to Solicitation	1-2 days	1-5 days	3-4 weeks	3-6 week
Proposal Evaluation			1-10 days	1-3 weeks
Negotiation			1-4 days	1-4 weeks
Interagency or MOU Development	1-3 weeks	1-3 weeks	1-3 weeks	1-12 week
Attorney General Office iew		2-3 weeks	2-3 weeks	2-3 weeks
P hase Order Issued	1-3 days	1-3 days		
Two-Party Contract		1-7 days	4-20 days	4-20 days
Contract Officer Sign Agreement	1-2 ays	1-2 days		
Commissioner Sign Agreement		1-4 days	1-4 days	1-4 days
Average Overall Procurment Time	**1-3 days**	**1-10 days**	**4-6 weeks**	**6-12 week**

Section 2

INITIATING A CONTRACT

Sub-Section 2.100 - Basic Requirements

An initiator...

? shall abide by the ethics portion of the procurement law.
? shall avoid conflict of interest and the appearance of impropriety.
? shall not commit for services without the:
  - identification of available funding and
  - approval of the procurement office staff.

The procurement of services, which are expected to exceed $2,000 in cost during one year...

? must be done competitively and
? in a fair and impartial manner
? unless:
  - a defensible sole source situation exists or
  - an emergency exist which, if not corrected could lead to harm or loss of life or property.
    NOTE: Failure to plan is not considered an emergency.

Sub-Section 2.200 - Initial Procurement Procedure

The Initiator must perform the following actions to initiate a contract:

Estimate Cost

A cost estimate must be included on the Services Requisition Summary. The cost estimate:
? Determines, to a large extent, the method of procurement.
? Helps in the determination of whether the resulting contract price is reasonable.

Determine

See Table I. **This determination must be made in conjunction**

Method of Procurement

with the Procurement Office staff.

Plan the timing

The Contract Initiator should be aware of the time required from the initiation of the procurement request until the delivery of the goods or service. There are two types of lead time to be considered:

? Administrative Lead Time - This includes the time necessary:
  - To process the purchase request.
  - For the solicitation to be "on the street".
  - To evaluate and award the contract.

? Delivery Time - This is the amount of time that the vendor will require to deliver the services.

The Administrative Lead Time should be added to the Delivery Time in order to determine when to begin the procurement process.

Complete the Services Requisition Summary (SRS) and the Decision Brief

1. The Services Requisition Summary, (DMHMRSAS Form 3), which was formerly called the Face Sheet, acts as a:
   ? Purchase Request (similar to the 944 used for goods) and a
   ? Summary of procurement steps taken (Appendix Exhibit 1).

2. The Decision Brief and the Services Requisition Summary must be sent to the Commissioner for concept approval prior to proceeding with the procurement.

The Services Requisition Summary will be completed to the following extent by the Initiator:

If the actual procurement will be handled by the...	Then the Initiator will...
Procurement Office (complex or high dollar written solicitations)	Complete the first 8 items (through the obtaining of Budget and Fiscal Office approvals.
Initiator (phone quotes or written quotations of less than $5,000)	Complete the entire form except for the approvals of the: ? Contract Officer ? Contract Administrator ? Commissioner NOTE: Commissioner must approve the decision brief prior to the solicitation of quotations.

Approvals

Obtain approvals on Services Requisition Summary from:

- ? Supervisor of Initiator
- ? Initiator's Assistant Commissioner
- ? Budget Office
- ? Fiscal Office

Justifications

Written justifications must be attached for the following types of procurements if the anticipated expenditures are $2,000 or more:

- ? Sole Source - Indicate why there is only one practicably available source.
- ? Proprietary products are available from only one producer; however, there may be more than one provider of the specified producer's product. Indicate why the product must be restricted to the one producer and list the possible providers.
- ? Emergency Procurements are those needed to correct situations that constitute a threat to life or property. Emergency purchases of goods or services:

- May be made without prior approval; however,
- Such competition as may be feasible should be obtained; and
- A memorandum signed by the Commissioner and stating the basis of the emergency and the reason for the selection of the particular vendor must be provided to the Contract Officer along with the Services Requisition Summary.

Section 3

SERVICES WITHOUT COMPETITION (Less than $2,000)

Sub-Section 3.100 - Basic Requirements

An initiator requiring services valued at less than $2,000 per year…

- May purchase these services with no competition; however, he/she
- Must determine that the prices paid are reasonable and
- May obtain competitive quotes if desired.

Sub-Section 3.200 - Applicability

One time or on-going services which will cost less than $2,000 in a year may be purchased without competition. This includes:

- Meeting space and refreshments (See Section 8).
- Consultants.
- Repair services.
- Other incidental services required from time to time.

NOTE: Except for meeting space and refreshments (and rarely in other cases), the same contractor may not receive repeated contracts in the same year if the aggregate total exceeds $2,000.

Sub-Section 3.300 - Procurement Procedure

The initiator...

- Makes all arrangements with the contractor,
- Negotiates the scope and terms of the services to be delivered,
- Prepares the Services Requisition Summary (See Sub-Section 2.200):
  - Initiator and initiator's supervisor must sign.
  - Services Requisition Summary must include the FEI (Federal Employer Identification Number or the SSN (Social Security Number) of the contractor performing the work and indicate if the contractor is a minority-owned business.
- Obtains approval of the Budget Office on the Services Requisition Summary and
- Forwards the Services Requisition Summary to OGS/PO.
- May prepare a letter to be sent to the contractor after all Services Requisition Summary approvals have been obtained. This letter should:
  - Outline the terms of the service.
  - Include instructions to the contractor to use the contract number on all invoices for services rendered.
- Must send copies of letter to contractor to OGS/PO and the Fiscal Office.

NOTE 1: If the service exceeds $500.00, OGS/PO will assign a contract number.

NOTE 2: OGS/PO will not issue **written** purchase orders for procurements amounting to less than $2,000.

Section 4

INFORMAL BIDDING - PHONE BIDS (Less than $5,000)

Sub-Section 4.100 - Basic Requirements

A competitive solicitation is required for services valued at $2,000 or more.

If the projected value is $2,000 but less than $5,000:

- Telephone solicitation may be performed **OR**
- Written solicitations may be issued.
- All vendors who express a desire to compete for the services must be provided the opportunity to make their offer.
- Each vendor must be given the same information so as not to give one an advantage over the other.
- Awards shall be made in a fair and impartial manner.

Sub-Section 4.200 - Applicability

Telephone solicitation is permitted for the procurement of services...

- Where the estimated value of the service does not exceed $5,000.
- When the scope of work is simple enough to convey verbally or through a FAX,
- The resulting contract is just as binding as a contract of greater value and,
- Must be administered as any other contract. Also,
- The contract file must be fully documented:
  - Good documentation is the key to a binding agreement where verbal offers are received.
  - If the documentation is not complete, complications in service delivery are more difficult to resolve.

EXAMPLE: Conference services, the services of instructors and facilitators are examples of the types of services which can be purchased with verbal solicitations.

Sub-Section 4.300 - Procurement Procedure

The procedures and responsibilities for handling phone bids are as follows:

Prepare a Services Requisition Summary	**The Initiator must** complete entire form except for the approval of the: ? Contract Officer ? Contract Administrator ? Commissioner
Develop a Scope of Work	**The Initiator must** identify exactly what the contractor is to accomplish and reduce to writing. Include: ? All required tasks. ? Time frames. ? Any deliverables and due dates.
Determine Sources for Services	**The Initiator must** locate any sources which may be able to provide the services: ? A minimum of three (3) sources must be solicited. ? At least one of those solicited should be a minority firm. ? Documentation submitted to OGS/PO must show which contractor is a minority firm.
Obtain Competitive Offers	**The Initiator must:** ? Contact each vendor. ? Obtain offers. ? Make certain that each vendor is providing the same information.
Record accurately all offers and terms	**The Initiator should** use the Oral Bid Tabulation Form (Exhibit 11) or a similar record to document the offers received. Telephone offerors may be asked to confirm their quotations in writing. The following information is required for each offer received: ? Terms of the offer. ? Vendor name and address. ? Name of person making the offer and phone number. ? Date of offer.

Forward Services Requisition Summary and offer documents to OGS/PO

The Initiator must forward the contract file to OGS/PO. The documentation will be reviewed. Offers and terms may be confirmed by the Procurement Specialist assigned.

Prepare a Purchase Document

The Procurement Specialist (OGS/PO) will...

- Approve the procurement.
- Assign a contract number as applicable.
- Make an award. The type of award is based upon the monetary value:
  - Less than $500 - Verbal award, no contract number.
  - $500 to $1,999 - Verbal award and contract number.
  - $2,000 to $4,999 - Contract number and purchase order or two-party contract.

NOTE: Purchase orders are signed by the Contract Officer. Meeting space and conference services contracts are signed by the Contract Officer. Two-part contracts greater than $2,000 (except for above) must be signed by the Commissioner.

Administer the Contract

The Contractor is obligated to perform the work as specified in the contract. Invoices submitted may not be approved for payment unless the services invoiced have been delivered in accordance with the agreement terms.

The responsibility for CONTRACT ADMINISTRATION is shared by:

- OGS/PO
- Contract Initiator
- Contract Manager as assigned by OGS/PO

NOTE #1: See Section 10, Contract Administration, for detailed instructions.

NOTE #2: Executed copies of the purchase order or contract are provided by OGS/PO to the Fiscal Office and the Contract Initiator.

Section 5
WRITTEN SOLICITATION
($5,000 to $14,999)

Sub-Section 5.100 - Basic Requirements

A written solicitation and written offers by vendors are required to purchase services valued at $5,000 or more. The Office of General Services/Procurement Office:

- May complete some tasks normally handled by the contract initiator.
- May handle completely highly complex or high dollar services with advisory involvement from the contract initiator and others.
- Must review and approve written solicitations before they are distributed to vendors.

Sub-Section 5.200 - Applicability

The purchase of all goods and services expected to amount to $5,000 or more (one time purchase or annual requirements) require a written solicitation and written offers by vendors.

Exceptions are:
- Sole Source
- Emergency purchases
- Services from governmental sources may be purchased without competition; however, it is sometimes judicious to obtain competitive offers if more than one agency can satisfy the needs of the department.

Sub-Section 5.300 - Procurement Procedure

The procedures and responsibilities for handling written solicitations for less than $15,000 are as follows:

Initiate a Services Requisition Summary (SRS)

The Initiator must complete the first half of the form (through the obtaining of Budget and Fiscal Office Approvals). See Appendix Exhibit 1.

Determine the best procurement approach

The Initiator and OGS/PO should discuss the various approaches. Competitive procurements include:

- Informal (unsealed) invitations for bids.
- Informal requests for proposals.

Review model solicitations

The Initiator should check previous solicitations for format and contract language. OGS/PO has a file of model solicitations and a model solicitation outline which:

- Includes required terms and conditions ("boiler-plate")
- Is available on electronic media (WordPerfect 5.1)

Prepare the solicitation using the model as a guide

The Initiator should pay special attention to identifying these items:

- **Specifically what you need the contractor to do?** This is the scope of work.
- **What is the time frame in which the service must be performed?** This is included in the scope of work, or placed in a special section.
- **What do you have that the contractor will need to do the work?** This may be provided in an "information" section, or the solicitation can require the contractor to include in the offer a listing of items needed from the agency.
- **What are the deliverables?** Reports and other products of the service are considered deliverables. Remember to include the due dates of the deliverables.
- **How will you know when you have received the services purchased?**

Develop a Vendors' List

The Initiator must develop a Vendors' List and include:

- **Vendors who the contract initiator knows to be qualified.** The Contract Initiator usually knows what contractors are in the market.
- **Vendors who have requested an opportunity to submit an offer.**

This includes firms that the contractor initiator may feel are not qualified; however, they cannot be denied an opportunity to quote.

? **Minority firms.** At least one for every four firms solicited should be a minority-owned firm. This is to assist in the department's minority outreach program.

Advertise the Solicitation

OGS/PO may send out the solicitations or may delegate this responsibility to the Initiator. Advertising requirements differ according to the amount of the estimated cost. Contract initiators should be aware that the advertisement requirement may affect the administrative lead time (see sub-section 2.200); i.e., the effective date of the contract.

Review and approve the solicitation

The OGS/PO staff member assigned will review all documentation prior to distribution of the solicitation to the vendors. It is helpful if a disc with the solicitation accompanies the review copy so that changes may be applied to the solicitation.

Set a due date and hour

OGS/PO will set the due date and hour. The mailing time should be considered in determining the due date and hour. At least ten days should be provided between the time the vendor receives the solicitation and the due date and hour. Occasionally, bids or proposals arrive after the due date and time. **These cannot be accepted for consideration, regardless of extenuating circumstances.**

Mail the solicitations

The Initiator or the OGS/PO may mail the solicitations. Extra copies should be maintained and should be distributed immediately to any vendor who requests it.

Conduct a pre-proposal or pre-bid conference, if necessary

OGS/PO will schedule and conduct any pre-proposal or pre-bid conferences. A pre-bid or pre-proposal conference gives potential offerors a chance to ask questions regarding the services the agency is purchasing. It is not usually conducted for solicitations under $15,000.

NOTE: OGS/PO Procurement Specialist presides. Initiator is required to attend.

Receive and tabulate the bids or evaluate the proposals

OGS/PO will receive and tabulate the bids or proposals unless an exception is granted for a procurement less than $15,000. It is necessary that:

- All bids that are received are tabulated.
- If there is a question as to whether a contractor is able to perform the work specified, references may be obtained or a pre-award survey may be conducted. (See sub-section on "Evaluating Proposals".)

CAUTION: Initiators or program offices must not accept bids or proposals. Bidders or offerors should be directed to deliver their bids or proposals direct to OGS/PO. Bids or offers received in OGS/PO after the due date and time are considered late, regardless of the means of delivery or whether the bids or proposals had previously been delivered elsewhere within the department.

Make award and install the contract

OGS/PO will assign a contract number and a **construct** a two-party contract.

NOTE: This function may be delegated to the Contract Initiator if the value of the award is less than $15,000.

Assign a Contract Manager

OGS/PO will designate a person to manage the contract. All active contracts must have someone who is assigned to manage the contractor. (See sub-section 10.2 on "Contract Administration".)

Enforce the resulting contract

Contract enforcement is a joint responsibility of:

- OGS/PO
- Contract Initiator
- Contract Manager

It is vital that the services which have been promised by the contractor be delivered exactly according to the contract documents. All contracts must be enforced. (See sub-section on "Contract Administration".)

Section 6

WRITTEN SOLICITATION ($15,000 or More)

Sub-Section 6.100 - Basic Requirements

The Virginia Public Procurement Act (VPPA) mandates specific procedures to be followed in the procurement of both goods and services with a value of $15,000 or more:

? Competitive bidding (Invitation for Bids) is the preferred method. In order to use competitive bidding:
- The goods and/or services to be procured must be capable of being described in sufficient detail,
- Bids received must be able to be evaluated against the description in the IFB, and
- An award must be made to the lowest responsive and responsible bidder.

? Competitive negotiation (Request for Proposals) is permitted when:
- The services to be procured cannot be described in sufficient detail so that the award could be made on a low bid basis;
- The requirements cannot be described in such a manner as to permit open competition;
- When advances in technology may create a dynamic environment in which several alternatives might be possible; or
- When the concept and quality factors far exceed the price factors in determining the most desirable product or service.

? Emergency and sole source procurements are permitted without competition if sufficient written justification is included in the contract file.

? Procurement of surplus property and services from other governmental agencies without competition is permitted.

Sub-Section 6.200 - Solicitation Procedure

The procedures and responsibilities for handling written solicitations amounting to $15,000 or more are as follows:

Prepare a Services Requisition Summary

The Initiator must complete the first half of the form (through Budget and Fiscal Office Approvals). Attach information to include in the solicitation such as:

- Title of solicitation.
- Contract period.
- Suggested terms and conditions.
- Suggested vendors' names and addresses.
- Evaluation criteria and points. **(For RFP)**
- Evaluation committee members' names. **(For RFP)**
- Need for a pre-solicitation conference and/or site visit.
- Any additional information that needs to be included in the solicitation.

FOR RFP: Prepare Justification

OGS/PO will prepare a justification for Competitive Negotiation (RFP) based upon the information supplied by the Contract Initiator (See Exhibit 6).

NOTE: Procurement Specialist prepares justification with input from Initiator.

FOR RFP: Establish Evaluation Process

OGS/PO will prepare for the evaluation of an RFP which includes:

- Development of the "Evaluation Instrument". (See Exhibit 13).
- Determining the point values for each evaluation criteria. (Do not publish point values until the opening date and hour).
- Determine who will serve on the Evaluation Panel and provide instructions concerning their duties.

NOTE: Procurement Specialist prepares Evaluation Instrument with input from Initiator.

Develop the Solicitation

OGS/PO will develop the solicitation. This process includes:

For Invitation for Bids (IFB):	**For Requests for Proposals (RFP):**
Review the format for IFB in Exhibit 7.	Review the format for RFP in Exhibit 8.
Develop the: ? Description (specifications) for the required product/service. ? Quotation sheet. ? Other sections that may be needed. ? Special terms and conditions.	Develop the: ? Purpose. ? Background ? Scope of work. ? Other sections (if needed) such as the Proposal Preparation and Submission Requirements. ? Special terms and conditions.
	For RFPs with anticipated value of $100,000 or more: Include the requirements for "Participation in State Procurement Transactions by Small Businesses and Businesses Owned by Women and Minorities".

Solicit bids or proposals - RESPONSIBILITY OF OGS/PO

OGS/PO will solicit bids (IFB) or proposals (RFP). This includes the following steps:

? Develop a Vendor's List and send copies of the solicitation to all vendors on that list. (The Vendors' List is to be kept confidential until the contract is award.)

? Send information regarding solicitation to the Virginia Business Opportunities (use

the form shown in Exhibit 4) for inclusion in that publication. All solicitation expected to exceed $5,000 in value must be advertised in the VBO.

- **For RFPs expected to exceed $15,000 in value:** Advertise in a newspaper of general circulation and in a minority-owned newspaper. (See Exhibit 9)
- Post a copy of the IFB or RFP on the General Service Bulletin Board.
- Send copy of IFB or RFP to Contract Initiator and Procurement Specialist.
- Set opening date that will provide a minimum of 10 calendar days (preferably 30) from issue date. (Exhibits 7 and 8)

- Determine that:
  - IFB or RFP has been mailed.
  - Who will receive incoming bids/proposals and conduct public opening.
  - Bid/Proposal Receipt Log (Exhibit 10) is maintained for incoming bids/proposals.

NOTE: No bid/proposal may be accepted after the opening date and time.

Sub-Section 6.300 - Evaluation Procedure

The evaluation process is a very important part of the contracting procedure and it is crucial that:

- The process be conducted as indicated in the solicitation.
- All bidders/offerors must be treated fairly and equally.
- The file must clearly indicate how the award was made and why.

For Invitations for Bids (IFB):

The award must be made to the lowest responsive and responsible bidder. The inclusion of adequate specifications in the solicitation provides the assurance that the bidder's performance will meet the user's needs.

For Requests for Proposals (RFP):

The award is based upon the evaluation criteria as shown in the solicitation. This type of evaluation is often a very lengthy process; however it is necessary when it is not possible to adequately describe the desired service so that an award can be made to the lowest responsive and responsible

bidder. Important considerations in determining evaluation criteria are:

- Weighted factors are assigned to each criteria.
- Cost does not have to be the major factor.
- Many factors are somewhat subjective; however, point values must be assigned to them so that the award can be made to the offeror who receives the greatest number of evaluation points.

It is important that the evaluation process for IFBs and RFPs be handled as follows:

Receipt of bids/proposals

Bids/proposals are handled as follows:

Invitation for Bids (IFB):	**Request for Proposals (RFP):**
Prepare a Bid Tabulation Sheet indicating: ? Prices offered ? Payment terms ? Delivery or completion time	Consult with various users or the Contract Initiator during evaluation process.

Evaluate lowest bid to determine if it is: ? Responsive (meets all requirements of IFB). ? Responsible (bidder has capability to perform the contract requirements)	Evaluation Committee should individually compute an initial score of all of the Evaluation Criteria except cost. See Appendix Exhibit 11. (The point values assigned to cost will be determined by OGS/PO in accordance with a standard formula.)
If lowest bidder is not responsive or responsible: ? Note, in writing for file, points of non-responsiveness or non-responsibility. ? Evaluate second lowest bid in same manner and so on until contract can be awarded to lowest responsive and responsible bidder.	Once the initial evaluations have been completed: ? Committee member's scores are averaged together. ? Proposals are ranked in accordance with the points received. ? Two or more of the top ranked offerors are chosen for negotiations. ? Negotiations panel chosen. (Procurement Specialist serves as Chairperson of Negotiation Committee.)

Single response

OGS/PO will, if only one bid or proposal is received:

? Explain in writing, for the contract file, why other vendors did not respond.
? Determine in writing that the price is fair and reasonable is included in contract file.
? Award to that bidder/offeror.

Preparation for Award

OGS/PO will, upon completion of the evaluation and/or negotiation process and determination of the successful contractor:

? Complete the summary sheets:
- **For IFB:** Bid Tabulation Sheet
- **For RFP:** Proposal Evaluation Summary (Exhibit 13) and the Proposal

Evaluation Consensus (Exhibit 14).

? Post an Intent to Award (Exhibit 15) on the Bulletin Board of the Office of General Services. (Unless an emergency exists requiring an immediate award, the Notice to Intent should be posted for 10 calendar days prior to making an award.

? Develop the two-party contract form (Exhibit 16) and send it, with a cover letter (Exhibit 17), to the contractor for signature. Three copies, each with an original signature are needed. (These may be sent to the contractor for signature at the time the Notice of Intent to Award is posted.)

? Send letters of notification of rejection (Exhibit 18) to all unsuccessful bidders/offerors. Enclose a copy of the Notice of Intent to Award.

Award the Contract

OGS/PO will finalize the contract upon receipt of the two-party contract forms from the contractor:

? Send all three originals (together with the Contract Face Sheet and a copy of the successful contractor's b bid/proposal and any addenda thereto) to the Commissioner for signature. NOTE: This step should be taken only after the ten day posting period is past.

? Assign a contract number. The contract number is supplied by the Contract Officer. If the award is made to multiple vendors, each vendor will be assigned a separate contract number.

? Set up Contract file. Include:
- One of the originals of the two-party contract.
- The original of the Services Requisition Summary.
- The originals of all bids/proposals.
- All negotiation documents.
- All other pertinent documentation and correspondence.
- A Project Status Sheet should be included in the front of the contract file to record any major actions taken during the term of the contract.

NOTE #1: See Contract File Format, Exhibit 19.

NOTE #2: The contract file is to be filed and maintained in the DMHMRSAS Office of General Services.

Assignment of Contract Admin-

OGS/PO will, after the ten day posting period has expired, develop and distribute the "Assignment of Contract Administration" form (Exhibit 20). Copies are sent to:

istration

- Contract Initiator - Attach a copy of the two-party contract and a copy of the Contractor's proposal with any addenda.
- Contract Manager - Attach a copy of the two-party contract and a copy of the Contractor's proposal with any addenda.
- Fiscal - Attach one of the originals of the two-party contract and a copy of the Services Requisition Summary.

Contract Award Notice

OGS/PO will make the award. If more than one section or facility will be using the contract, develop and distribute a Contract Award Notice (Exhibit 21).

One of the originals of the completed two-party contract form will be sent to the Contractor.

Payment

Payment will be processed within 30 days of receipt of invoice or completion of work, whichever occurs last, unless other payment terms are noted in the contract; i.e., progress payment, longer payment terms, etc.

In any event, final payment should not be made until the contract has been satisfactorily completed.

Section 7

AWARD OF CONTRACT

Sub-Section 7.100 - Basic Requirements

Notification of a contract is made to:

- Contract vendor
- Using office or facility
- Unsuccessful offerors (for RFP)
- Posting on OGS/PO Bulletin Board

The Virginia Public Procurement Act (VPPA) provides remedies to bidders and offerors who object to a decision regarding a contract award. A protest (complaint) may be filed within ten (10) days following the award of a contract or, for those awards over $5,000 that must be posted, within ten (10) days following the posting of an award or notice of intent to award.

Section 7.200 - Award Procedure

Unless circumstances require an immediate contract award, an Intent to Award will be issued by OGS/PO for contract awards. After the ten day posting period has expired, the "Assignment of Contract Administration" form (Exhibit 20) will be developed and distributed. OGS/PO will send copies to:

- Contract Initiator - Attachments include:
  - Copy of the two-party contract.
  - Copy of the Contractor's bid or proposal with any addenda.

- Contract Manager - Attachments include:
  - Copy of the two-party contract.
  - Copy of the Contractor's bid or proposal with any addenda.

- Fiscal Office - Attachments include:
  - An original of the two-party contract.
  - Copy of the Services Requisition Summary.

Three original copies of the two-party contract will be sent to the Contractor for signature. Upon return, they will be sent to the Commissioner for signature and then distributed as follows:

- Contractor
- Contract File (OGS/PO)
- Fiscal Office

If more than one section or facility will be using the contract, a Notice of Contract form (Exhibit 20) will be developed and distributed by OGS/PO.

Table III
DISTRIBUTION OF FORMS UPON AWARD
(After all approvals and signatures have been obtained)

Forms	Contractor (Vendor)	Contract Initiator	Contract Manager	Fiscal DMHMRSAS	Contract File
Services Requisition Summary				One copy	
Contractor's Bid or Proposal		One copy	One copy		Original (Tab 2)
Standard Two-Party Contract (3 Originals)	One original	One copy	One copy	One original	One Original (Tab 2)
Assignment of Contract Administration	One copy	One copy	One copy	One copy	Original (Tab 2)

Section 7.300 - Payment

Payment will be processed within 30 days of receipt of invoice or completion of work, whichever occurs last. Exceptions to this rule include instances in which other payment terms (progress payments, longer payment terms, etc.) are noted int he contract.

Regardless of terms, payment should not be made until the contract has been satisfactorily completed.

Section 7.400 - Receipt of Funds

Provisions must be made for any funds to be collected under the provisions of the contract to be sent direct to the DMHMRSAS Cashier.

EXAMPLE: A contract for a conference may provide for fees to be paid by the participants. The participants should be directed to send checks, payable to DMHMRSAS, to the attention of the DMHMRSAS Cashier.

Section 8

CONFERENCE PLANNING

Sub-Section 8.100 - Basic Requirements

A successful conference begins with proper planning. This involves:

- Selection of a location for the conference.
- Determining what services are needed from the conference facility.
- Determining the estimated cost of the conference facility.

NOTE: Services are defined as catered meals, conference rooms and rentals of audio-visual and other equipment. Guest rooms are not included in the definition of services.

The requirements for competition are indicated on the following page:

If the cost of services (as defined above) is...	Competition required:	Method of competition:
Less than $2,000	No competition necessary. Determine that costs are fair and reasonable.	None required; however, phone quotes are encouraged.
More than $2,000 but less than $15,000 - Add the cost of the hotel guest rooms (even if paid for by conference participants)	Obtain competitive quotations on the entire estimated cost (including services and guest rooms).	Contact at least 3 conference facilities, provide them with copies of our terms and conditions and a written description of services required. It is recommended that the Initiator FAX a completed copy of the "Meeting and Conference Plan" (Exhibit 21) to the conference facility for the purpose of obtaining the written quotes. Obtain informal written quotes.
More than $15,000 (including hotel guest rooms, even if paid for by conference participants)	Written solicitation (IFB or RFP) must be issued.	Formal solicitation (IFB or RFP). The use of competitive negotiation (RFP) is recommended since competing facilities may offer different services.

NOTE #1: AREAS OF POTENTIAL NEGOTIATION: Conference hotels will often provide complementary extras such as free conference meeting rooms, upgraded menus, and free breaks if they can be assured of a large number of overnight hotel rooms to be rented by conference participants. These savings can be obtained through **negotiation** and can significantly reduce the cost of the conference to the host organization. Refer to the "Contractor Travel Guidelines" (Exhibit 22-D) as a guideline to determine fair and reasonable pricing.

NOTE #2: TAXES: Payment of taxes is required for meals and rooms. Taxes are not paid on room set up charges.

Sub-Section 8.200 - Procedure

The following procedures are to be used for obtaining a conference facility where the projected cost, including services and guest rooms, are more than $2,000 but less than $15,000.

PROCEDURE	RESPONSIBILITY (Based upon projected cost)	
	$2,000 to $4,999	**$5,000 to $15,000**
STEP 1: Prepare a Services Requisition Summary and obtain approvals. (See "Initiating a Contract", Sub-Section 2.200)	Initiator - Entire form except for approval of: ? Contract Officer ? Contract Administra-tor ? Commis-sioner	Initiator - First 8 items (through the obtaining of Budget and Fiscal Office approvals.
STEP 2: Prepare a Meeting and Conference Plan (See Appendix Exhibit 22). Identify: ? Extent and details of conference. ? All required tasks including: - Catering. Identify types (see Exhibit 22-A) - Audio-visual rentals - Times and dates - Anticipated room rentals	Initiator	Initiator
STEP 3: Determine sources for Services: ? Locate any sources which may be able to provide the required services. ? Minimum of 3 sources must be solicited. ? Competition is required for the acquisition of meeting rooms and lodging rooms if the hotel or	Initiator	Initiator submits this information to OGS/PO.

PROCEDURE	RESPONSIBILITY (Based upon projected cost)	
	$2,000 to $4,999	**$5,000 to $15,000**
motel also provides other services such as: - Catered meals - Audio-visual and/or other equipment, etc. **AND** - The value of these other services is expected to exceed $2,000. ? If three sources cannot be identified, a memo must be written to the Contract Officer noting the: - Major deficiencies of other known facilities in the area. - Reason the conference must be restricted to the particular geographical area in which the approved facilities are located.		
STEP 4: Obtain competitive offers: ? Contact each potential conference site in writing. This may be accomplished by FAXing copies of the Meeting and Conference Plan (Exhibit 22) and the types of required catering (Exhibit 22-A) to the conference facility sales manager. ? Obtain offers, making certain that each is provided the same information. The conference facility may FAX back their pricing on the "Meeting and Conference Plan" form (Exhibit 22). Make sure the entire form is completed. ? Attach a copy of the Conference Terms and Conditions (Exhibit 22-B) to the written solicitation. ? Obtain name of person making the offer for the conference facility even if that person indicates that space is not available. **NOTE:** In the event that there is a compelling reason for selecting a particular site for a conference, meeting or training session, a **sole source justification** must be written and submitted by the Initiator to the Contract Officer for approval	Initiator	OGS/PO

PROCEDURE	RESPONSIBILITY (Based upon projected cost)	
	$2,000 to $4,999	**$5,000 to $15,000**
prior to contacting the hotel for pricing.		
STEP 5: Record accurately all offers and terms. Use the Meeting & Conference Tabulation Form (Exhibit 22-C) or a similar record to document the offers received. All offers exceeding $2,000 in value must be in writing and must contain the following information: ? Terms of the offer ? Vendor name and address ? Name of person making the offer and phone number ? Date of offer ? All catering cost, rentals, and any other costs including applicable taxes and gratuities.	Initiator	OGS/PO
STEP 6: Site visit. It is important to visit (or have a representative visit) each of the facilities being considered, if practical. Discuss the: ? Conference requirements ? Other related services they have to offer **Do not discuss one facility's proposal of site with another facility or tell any facility the name of any other facility with whom you are negotiating. THIS PROCESS IS NOT TO BE CONDUCTED AS AN AUCTION.**	Initiator	OGS/PO This may be delegated to the Initiator or another party within DMHMRSAS.
STEP 7: Negotiate with each offeror until the negotiator is satisfied that the best proposal has been obtained. ? Obtain written confirmation from each offeror. ? Use the Meeting & Conference Proposal Tabulation form (Exhibit 21) to record the proposals received.	Initiator	OGS/PO
STEP 8: Forward Services Requisition Summary and offer	Initiator	(Not applicable)

PROCEDURE	RESPONSIBILITY (Based upon projected cost)	
	$2,000 to $4,999	**$5,000 to $15,000**
documents to OGS/PO. If the value for services such as catered meals and the loan of audio-visual and other equipment, etc. is expected to exceed $15,000, a written solicitation, following the procedures set forth in Section 6 (Written Solicitation - $15,000 or More) will be issued by OGS/PO.		
STEP 9: Award and prepare a purchase document. The Procurement Specialist will: ? Approve the procurement, ? Assign a contract number as applicable, ? Make an award. ? Distribute executed copies to: - Fiscal Office - Contract Initiator	OGS/PO	OGS/PO
STEP 10: Administer the Contract: ? Determine that services contracted for are either received or not billed. ? Invoices submitted may not be approved for payment unless the services invoiced have been delivered in accordance with the negotiated prices and agreement terms. ? Upon determination that the contracted services have been properly rendered and billed, invoices from the conference facility should be approved by the Initiator and forwarded, within 24 hours of receipt, to the Fiscal Office for payment. See Section 10 (Contract Administration). ? If there is a problem regarding the services rendered, refer to Section 10 of this manual and/or contact OGS/PO.	Initiator or Contract Manager assigned by OGS/PO	Initiator or Contract Manager assigned by OGS/PO

Section 9

SPEAKERS AND HONORARIA

Sub-Section 9.100 - Basic Requirements

There is frequent use of speakers, trainers, technical consultants and facilitators. Fees for these services are negotiated and typically range from $100 to $1500 per day. These services may be obtained without competition where the aggregate fees paid to any speaker, trainer or facilitator, including covered expenses and travel, **does not exceed $2,000 in a year.**

If the fees exceed $2,000, contact OGS/PO to determine the proper competitive method of procurement.

Sub-Section 9.200 - Procedure

The procedure for obtaining services of individuals as speakers, trainers, technical consultants, facilitators, etc. whose cumulative annual fees are less than $2,000 per year are as follows:

Negotiate Fee

Every effort should be made to negotiate the lowest possible rate and that rate should be analyzed to ascertain that it is fair and reasonable for the quality and quantity of service delivered.

Advance payment for services is typically not allowed, although partial payment is sometimes allowed.

Determine Travel Expenses

Travel related to services may be paid. Travel may be negotiated into a:

- Lump sum fee (i.e., all inclusive rate which covers travel and contractor fees) or a
- Fixed fee plus travel expense reimbursement (i.e., fixed fee plus reimbursement of legitimate travel expenses which do not exceed State guidelines.

Approval

Before making a commitment to the individual, the coordinator must obtain the following approvals on the Services Requisition Summary:

- Approval of his/her immediate supervisor for procurement of the service.
- Sign-off by the Budget Office that funds are available.
- Sign-off by the Contract Officer.

Offices which coordinate such services on a regular basis may seek delegated authority to procure them without repeated approval by the Budget Office and Contract Officer. For information on delegated authority, contact the Contract Officer.

Initiate Service Requisition Summary (Face Sheet)

The procurement of these services is achieved by initiation of a Services Requisition Summary (Face Sheet). The following information, at a minimum, must be supplied:

- Name of individual initiating the procurement. Include signature of:
  - Initiator.
  - Immediate supervisor of Initiator.
- Services to be rendered, including topic.
- Date(s), duration and time of service.
- Fee to be paid, lump sum or per day/hour fees.
- Estimated related travel reimbursement or exact related travel expenses to be paid.
- Contractor's social security number (SSN), Federal Employer. Identification (FEI) or Federal Identification Number (FIN).
- Contractor Name, address and phone number.
- Contractor small, female or minority status.
- Location where services are to be rendered.
- Funding source. If funding sources are not known:
  - Fiscal Office must annotate the relevant cost codes.
  - Budget Office must sign off that the funds are available.

Negotiate

Arrangements for the provision of the services may be made by phone

with the contractor. It is not required to make a written commitment; however, if it is determined that no written commitment is necessary, it is the **initiator's responsibility** to clearly communicate to the contractor:

- Terms of the agreement.
- Guidelines for travel.
- Requirements for invoicing for services rendered. If DMHMRSAS is responsible for payment of travel, arrangements may be made through the department's travel management service. It may be most convenient to allow the contractor to call the travel agency directly to make necessary travel arrangements which best suit the contractor. In this event, a copy of the validated Service Requisition Summary must be forwarded to the travel management service in advance of the contractor's call.

Formalize the arrangement

The Initiator should formalize the arrangements in a letter which outlines the terms of the services to be rendered. The letter may be prepared for the signature of the Initiator or appropriate supervision and it must include, at a minimum, the following information:

- Topic and objectives which are expected to be met.
- Date, time and duration of service.
- Location where services are to be performed.
- Fees which have been negotiated.
- Travel arrangements which have been made in the contractor's behalf, and who is to pay for such arrangements.
- Related travel which will be reimbursed by DMHMRSAS.
- Contractor travel rules summary, if travel is related and to be reimbursed.
- Instructions on how to bill for services rendered and related travel.

The commitment letter should not be signed or distributed until after the Services Requisition Summary has been validated by the Contract Office.

Forward to Contract Office

Forward to the Contract Office for validation:

- Completed Services Requisition Summary signed by supervision and the Budget Office.

- Original and
- Two (2) copies.

? Original of unsigned commitment letter.
? Travel and invoicing information.

The Contract Office will validate the Services Requisition Summary and assign a billing number. The contractor is required to use the billing number when submitting an invoice or travel voucher for payment. A maximum of two (2) days should be allowed for the Contract Office validation.

Upon validation, the original Services Requisition Summary is forwarded to the Fiscal Office to hold in suspense until the services are invoiced.

The commitment letter is signed and mailed to the Contractor with a copy of the validated Services Requisition Summary and other attachments. The second copy of the Services Requisition Summary is maintained by the Initiator.

Payment

When the services have been rendered:

? Contractor must submit an invoice and/or a travel voucher as instructed in the Invoicing Guidelines.
? Fiscal Office forwards the invoice/voucher to the initiator for certification that the services were rendered in accordance with the agreement.
? Initiator must return the invoice/voucher to the Fiscal Office without delay for prompt processing of payment.

References

Exhibit 22 - Contractor Travel Rules & Invoicing Summary
Exhibit 1 - Services Requisition Summary
Exhibit 3 - Sample Commitment Letter

Section 10

CONTRACT ADMINISTRATION

Sub-Section 10.1 - Basic Requirements

Contract administration is an important and on-going process. Contract administration includes efforts to determine if contracts requirements are met. Therefore:

- Contract performance must be monitored.
- Deficiencies must be corrected so the Commonwealth receives the services for which it is paying.
- If a contractor does not perform in accordance with the contract and our efforts to correct the problem do not succeed, that contractor:
  - May have a monetary indebtedness to the Commonwealth as the result of default actions.
  - May be removed from the vendor's list.
  - May be ineligible to participate in other procurements.

It is often difficult to prevent an unsatisfactory vendor from being considered for future contracts if corrective action (including default procedure) was not taken to try to correct past contract deficiencies.

Sub-Section 10.2 - Contract Administration Procedures

There is no more important aspect of the procurement process than contract administration.

DEFINITION: Contract administration is the process of ensuring that the contractor lives up to the agreement (contract) made upon acceptance of his/her offer; i.e., that the Commonwealth gets what it pays for.

It is important to know that, once a contract exists between an individual or vendor and the Commonwealth, no one has the authority to grant relief from any provision of that contract without consideration.

Purpose

The purpose of the contract administration procedure is to assist the Contractor in correcting minor problems before they become major ones. However, if the problem(s) persists after the Contractor is given **adequate opportunity to correct the deficiency**, The Contract officer may:

- Cancel the contract for reasons of default.
- Charge the defaulting Contractor with the difference between his/her contract price and the price of the new contract.
- Remove the Contractor from the Vendor's List until such time as this difference is paid.

DOCUMENTATION: Prior to placing a vendor in default, the problem must be fully documented in the file and adequate opportunity must usually be given to the Contractor to correct the problem.

Contract Manager

A Contract Manager will usually be assigned for contracts used only by one office or activity. In the event that the contract is used by several areas or facilities, each person who orders from the contract must assume the role of contract Manager. The Contract Manager is responsible for:

- Day to day coordination of deliveries;
- Assurance that the goods or services are delivered in accordance with the contract provisions;
- Receipt or certification that the goods or services that are billed were delivered;
- Reporting persistent or serious service or delivery failures by the Contractor to the Contract Officer;
- Assurance that the funding limits are not exceeded without identification of additional resources through the Fiscal Office and reporting these incidents to the Contract Office for approval.
- Forwarding copies of all correspondence to or from the contractor to the OGS/PO.

Reporting

The reporting of persistent or serious service or delivery failures by the Contractor must be done promptly so that the Contract Officer can notify the Contractor and provide the required opportunity for the Contractor to correct the problem.

NOTE: There is very little corrective action that can be taken at the end of the contract (nor can the Contractor be prohibited from offering a bid or proposal on the next contract) is he/she has not been formally notified and given an opportunity to correct the problem(s).

Reporting can be handled in several ways:

- Serious problems should be reported to the Contract Officer (preferably in writing) for handling with the Contractor.
- The Contract Manager may wish to advise the Contractor in writing of the deficiencies. A copy of this correspondence should be sent to the Contract Officer.
- Problems may be discussed with the Contractor via telephone. A typed or handwritten note (indicating the date and time of the conversation) should be made outlining the points discussed. If the problem persists, copies of the notes should be furnished to the Contract Officer for further action.

APPENDIX

EXHIBITS/EXAMPLES

Exhibit Number	Description
1	Services Requisition Summary (Replaces Face Sheet)
2	Sole Source Request
3	Sample Commitment Letter (For services amounting to less than $2,000)
4	VBO Advertisement Form
5	Newspaper Advertisement Format
6	Justification for Competitive Negotiation
7	IFB Format
8	RFP Format
9	Bid/Proposal Receipt Log
10	Oral Bid Tabulation
11	Proposal Evaluation Instrument
12	Proposal Evaluation Summary
13	Proposal Evaluation Consensus
14	Notice of Intent to Award
15	Standard Contract Format
16	Contract Notification/Cover Letter
17	Proposal Rejection Letter
18	Contract File Format
19	Assignment of Contract Administration
20	Contract Award Notice
21	Meeting and Conference Plan
22	Travel Guidelines
23	Contracting for Temporary Employment Services

NOTE: Xerographic copies may be made of the SRS (Exhibit 1). Most of the other exhibits are available on Word Perfect Disc.

Indicators of Recommended Practice:

Self-Assessment of Training Needs Related

To Part H Services in Virginia

Developed and Endorsed by the Personnel Training and Development Committee
November 16, 1993

PART H Program, I.D.E.A.
Early Intervention for Infants and Toddlers

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SUMMARY SHEET 16

Indicators of Recommended Practice: Self-Assessment of Training Needs Related to Part H Services in Virginia

Introduction

Beginning in 1989, the Personnel Preparation and Personnel Standards Task Force of the Virginia Interagency Coordinating Council (VICC) began discussions on "qualified personnel." The idea of a set of "interdisciplinary core competencies" which arose from these discussions was based on the philosophical belief that infants, toddlers, and their families deserve qualified and competent people to work with them. There was a clear consensus among the direct service providers, faculty from universities and colleges, administrators, and parents that there be a set of interdisciplinary core competencies that would be practiced by all persons providing early intervention services in Virginia. The interdisciplinary core competencies were later incorporated into Component Eight, Virginia's Comprehensive System of Personnel Development (CSPD) and Component Nine, Personnel Standards, of Virginia's Application. These components are requirements of Part H under the Individuals with Disabilities Education Act, and were approved for Virginia by the U.S. Office of Education.

The members of the Task Force recognized that personnel from many different disciplines and agencies would be providing early intervention services. Two aspects of personnel development are addressed in Virginia's Application. First, professionals from different disciplines will obtain the **highest standard for that discipline** (as defined in Component Nine, Personnel Standards). Second, in addition to the discipline specific highest standard, the members of the Task Force recognized that there were **interdisciplinary core competencies** which research has shown should be consistent across disciplines.

The process of the development of interdisciplinary core competencies was designed by the Personnel Training and Development Committee of the VICC to be as "user friendly" as possible, to build on existing skills, and to be an ongoing process of bringing one's skills up to the current level of "recommended practice." For this reason, the competency statements included in this package were renamed "Indicators of Recommended Practice."

The indicators of recommended practice included in this package are not intended to be used as a type of certification or licensure. Rather, they are intended to be a collection of skills that should be practiced by providers of early intervention services. Persons should annually conduct the self-assessment process to review their individual status on development of the indicators at the local level. It is not envisioned that a person will be deemed "competent" and stay that way for ever. Providers should review the indicators on a regular basis and seek assistance in addressing the areas identified as relevant and important to develop.

This process of self-assessment should be a time for identification of inservice training needs on the local level. It is the responsibility of the local interagency coordinating council to report a summary of the identified training needs as a component of the Local Application.

Definitions

The definitions of the indicators of recommended practice fall into five broad categories. They form the basis for actions taken by qualified personnel on behalf of infants, toddlers, and their families. As defined in Virginia's Fifth Year Application, the indicators of recommended practice are as follows:

1. **Those that are family-related:**
   Knowledge and skills related to parent-child interactions and family systems.

2. **Those that are infant and toddler related:**
   Knowledge and skills related to infant/toddler development, assessment, disability, and appropriate intervention strategies.

3. **Those that are related to service coordination:**
   Knowledge and skills related to service coordination, advocacy, development and implementation of IFSPs, transition, integration, program evaluation, procedural safeguards, and the definition of eligibility.

4. **Those that are related to functioning as an effective member of a service delivery team within an interagency system:**
   Knowledge and skills related to teamwork, group process and conflict resolution, features of service delivery system, roles, functions, and specialized skills of team members according to discipline, promotion of interagency collaboration, and coordination of transition services.

5. **Those that are related to ethnic, cultural, linguistic, and geographic diversity**:
   Knowledge and skills related to responding to differences and how these differences may influence your own and the family's values and beliefs, communicating respect, and delivering culturally competent services.

Methodology

The following sections briefly describe the conceptualization of the methods for the self-assessment of the indicators of recommended practice. This information was developed by the Competencies Subcommittee of the VICC Personnel Training and Development Committee.

I. **Who** will be asked to complete the self-assessment process?

The goal of the process of self-assessment is to help service providers identify their training needs. Local interagency coordinating councils will decide specifically who will participate in this process, and will identify that process in their local policies and procedures. Local councils may find this process helpful for all service providers. However, according to Virginia's Fifth Year Application, service providers working with infants, toddlers, and their families at least 50% of their time will work towards

attainment of the indicators of recommended practice. This includes persons who are involved in all aspects of service delivery, including conducting evaluations and assessments, developing IFSPs, and providing direct services, including service coordination.

II. **Which** indicators of recommended practice will providers be asked to address?

On a yearly basis, service providers will complete a self-assessment of the indicators of recommended practice in all five categories:

1) Those that are family related;
2) Those that are infant and toddler related;
3) Those that are related to service coordination;
4) Those that are related to functioning as a member of an interagency service delivery team; and
5) Those that are related to ethnic, cultural, linguistic, and geographic diversity.

Based on the results of the self-assessment, service providers will identify those indicators which will be individual priority training needs for the upcoming year.

III. **How** will providers work towards development of the indicators of recommended practice?

Service providers will be able to work towards development of the indicators in a variety of ways. Local interagency coordinating councils have been developing a mechanism to ensure that all appropriate persons who are providing early intervention services (1) meet the highest standard for their specific discipline and (2) participate in the self-assessment of indicators of recommended practice. The mechanisms should include a way for the council to summarize the priority training needs of local providers and a way to link personnel with similar training needs. In general, the process may be conducted in the following way:

A. The self-assessment is completed. This could occur in a number of ways, for example:

1. The individual completes the self-assessment in each of the five areas of the indicators.

2. Members of the council may work together in teams to complete the self-assessment in each of the five areas of the indicators.

3. Depending on the mechanism developed by the local council, the results of the self-assessment may be reviewed with the individual's supervisor.

B. The results of the self-assessment are used to determine strategies and options for

training activities which enhance skill areas.

C. Following the mechanism determined in each locality, the individual will map out a plan to build on their existing competencies, making certain that she/he participate in at least two training activities each year (a requirement for all persons providing early intervention services).

D. The training activities for the development of the indicators of recommended practice can be addressed in a variety of ways including, but not limited to:

1. Participating in inservice which may take the form of training from:

   a. local interagency coordinating councils;
   b. statewide training events sponsored by the lead agency or other state agencies;
   c. regional consultants;
   d. professional organizations;
   e. state and national conferences; and/or
   f. TACs, VIDD, PEATC, Parent Resource Centers, etc.

2. Accessing the resources of federally funded training projects.

3. Working with a mentor who may come from one of a variety of disciplines at the local level.

4. Participating in an active, hands-on learning process under the guidance of a selected professional.

5. Forming an alliance for self-study with a colleague.

6. Receiving individual consultation from an expert. The Clearinghouse of Training Activities may assist you in identifying such a person.

7. Conducting a comprehensive review of materials and articles.

8. Completing formal course work at institutions of higher education.

E. The individual is responsible for maintaining personal records of the training activities selected (for example, records of workshops attended, consultations participated in, course transcripts, and name/title of mentor in keeping with mechanism developed by the local interagency coordinating council).

F. The individual will submit to the local council her/his training priorities for the upcoming year in keeping with the mechanism developed by the local interagency coordinating council.

NOTE: Responsibility for planning training activities rests with the local interagency coordinating council. The Lead Agency is eager to assist in the identification and coordination of training activities. Towards that goal, the Lead Agency is in the process of developing The Clearinghouse of Training Activities. The Clearinghouse will be a mechanism to coordinate training activities between localities, and will provide an information network of what training is available, where, when, cost, etc.

IV. **When** will providers complete the self-assessment process?

The indicators of recommended practice are based on the belief that the field of early intervention is rapidly changing, and that the process of developing professional competency is ongoing. The self-assessment of the indicators should be reviewed as often as needed, but at least once annually.

SELF-ASSESSMENT TABLES
FOR THE INDICATORS OF RECOMMENDED PRACTICE

I. THOSE THAT ARE FAMILY RELATED

II. THOSE THAT ARE INFANT/TODDLER RELATED

Ill. THOSE THAT ARE RELATED TO SERVICE COORDINATION

IV. THOSE THAT ARE RELATED TO FUNCTIONING AS A MEMBER OF AN INTERAGENCY SERVICE DELIVERY TEAM

V. THOSE THAT ARE RELATED TO ETHNIC, CULTURAL, LINGUISTIC, AND GEOGRAPHIC DIVERSITY

Philosophical Tenets

These principles are the basis for the competency statements (indicators) which follow. These statements reflect conceptual principles which are based on current recommended practice, the letter and spirit of the Individuals with Disabilities Education Act, Part H, and the current field of early intervention.

- Each infant is unique, special and worthy of respect.
- The first years of development are extremely important.
- Each child has the right to develop his/her potential. The earlier intervention takes place, the more likely this is to occur.
- The family provides the context for development in infancy.
- The process of intervention must be individualized for each family.
- Families are the best sources of information about thoir child.
- The values, ideas and priorities of the family must be respected.
- Families are agents of change and able to meet their own needs.
- Assistance should be provided in as natural a fashion as possible, utilizing the natural environment, play, and interactions.
- The role of ethnic, cultural, linguistic, and geographic diversity in all aspects of the development of the child and family should be respected.
- Team members demonstrate a family-centered philosophy during the service delivery process.
- The family is the ultimate decision maker on the team, including decisions related to the sharing of information among team members.
- Services, especially service coordination, will be different for each child and family and will address relevant needs and build on existing skills.

I. THOSE THAT ARE FAMILY RELATED:

Personnel providing early intervention services will:	Is this a priority for this year?	How will you address this priority this year?	Progress
1. understand the concept of family-systems theory and apply it to their work with families.	Yes No		
2. share complete, unbiased information with the family so that they can be informed decision makers.	Yes No		
3. understand the importance of parent-child interaction during infancy and its relationship to development.	Yes No		
4. assist families in identifying their concerns, priorities, and resources related to their child's development.	Yes No		
5. interpret technical information (e.g. professional jargon, teat scores) in under standable language for all members of the service delivery team.	Yes No		
6. use active listening and other appropriate communication skills with family members.	Yes No		
7. involve family members to the ext ent/level they desire in all aspects of the Part H system, including evaluation and assessment of the child, the determination of the outcomes, and the determination of strategies to meet those outcomes within the family's daily routine.	Yes No		
8. observe and reinforce the parent's effective intervention techniques and work with the family to incorporate them into future activities as appropriate.	Yes No		
9. recognize the different ways in which adults receive and learn information.	Yes No		
10. involve the family in the evaluation of the service delivery system.	Yes No		
11. facilitate the development of advocacy skills in families, to the extent they desire	Yes No		

II. THOSE THAT ARE INFANT/TODDLER RELATED:

Personnel providing early intervention services will:	Is this a priority for this year?	How will you address this priority this year?	Progress
1. understand the normal growth and developmental sequence, including range and variability, in the areas of communication, social/emotional development, adaptive development, physical development, cognition, health, and nutrition.	Yes No		
2. be familiar with how disabilities may influence individual variations in the sequence.	Yes No		
3. understand risk factors that may affect child development.	Yes No		
4. interact with infants and respond appropriately to their cues.	Yes No		
5. review and share evaluation/assessment results with families and other team members for purposes of making decisions about eligibility for early intervention services and for the development of the IFSP, if appropriate.	Yes No		
6. assist families in developing functional outcome statements that build on the competencies of the child and that accurately reflect the change the family wants to see for their child or for themselves.	Yes No		
7. use specific strategies to promote functional outcomes across developmental domains within the family's natural environment.	Yes No		

III. THOSE THAT ARE RELATED TO SERVICE COORDINATION:

Personnel providing early intervention services will:	Is this a priority for this year?	How will you address this priority this year?	Progress
1. understand the role service coordination plays in the successful delivery of early intervention services.	Yes No		
2. implement Virginia's and local council's policies and procedures for service coordination	Yes No		
3. understand differences among screening, evaluation, assessment and diagnostic techniques.	Yes No		
4. when appropriate, work with the family to develop a transition plan to be included in the IFSP.	Yes No		
5. work with the family to design an evaluation/assessment plan (who, what, when, where and how the process will take place) for their child.	Yes No		
6. assist in providing services that are consistent with family's concerns, priorities and resources.	Yes No		
7. identify and discuss with the family the array of options available in the early intervention system, and the system of payments for Part H services.	Yes No		
8. understand and inform families of their rights and protection of those rights under the Part H system.	Yes No		
9. build on the families' natural support systems in determining Part H and other services needed to meet identified outcomes.	Yes No		
10. share complete, unbiased information with the family so that they can be informed consumers.	Yes No		

IV. THOSE THAT ARE RELATED TO FUNCTIONING AS A MEMBER OF AN INTERAGENCY SERVICE DELIVERY TEAM:

Personnel providing early intervention services will:	Is this a priority for this year?	How will you address this priority this year?	Progress
1. have knowledge of the dynamics of team process.	Yes No		
2. have knowledge of strategies for team collaboration	Yes No		
3. understand the different models,(i.e., multi, inter, trans,) for providing early intervention services.	Yes No		
4. select appropriate evaluations/assessments which emphasize the strengths of observing the child in the natural environment.	Yes No		
5. administer, score, interpret, and write reports of appropriate assessment/evaluation instruments, in collaboration with team members.	Yes No		
6. communicate effectively with families and other team members.	Yes No		
7. establish rapport and maintain positive relations with team members.	Yes No		
8. consult and collaborate with all team members regarding one's ares of expertise.	Yes No		
9. integrate coordinated, naturalistic outcomes with those of other team members.	Yes No		
10. select and use a variety of problem-solving and decision-making techniques including negotiation, among team members.	Yes No		
11. recognize signs of abuse, neglect, or other situations which must, by law, be reported and the appropriate procedures for making the report.	Yes No		
12. provide services consistent with Virginia's and local council's policies and procedures.	Yes No		

V. THOSE THAT ARE RELATED TO ETHNIC, CULTURAL, LINGUISTIC, AND GEOGRAPHIC DIVERSITY:

Personnel providing early intervention services will:	Is this a priority for this year?	How will you address this priority this year?	Progress
1. respect the differences in parental attitudes, expectations, and parenting practices across cultures.	Yes No		
2. acknowledge family's mechanisms for coping, stress, and grief.	Yes No		
3. acknowledge the family's value and belief system.	Yes No		
4. recognize cultural and linguistic bias in evaluation/assessment instruments.	Yes No		
5. understand the issues regarding use of translators during evaluation/assessment.	Yes No		
6. interact with families in ways that are responsive to their preferred mode of communication.	Yes No		
7. communicate respect for family's diversity and how it impacts on their participation in early intervention services and their view of the child's disability.	Yes No		
8. implement outcomes within the family's natural environment, as defined in the IFSP, with respect for cultural differences.	Yes No		

Indicators of Recommended Practice
Summary Sheet

Date: _____

Current Position: _____

Agency: _____

Percentage of Work Time Spent in Provision of Part H Services: _____

Educational Background:

University/College	Area of Specialization	Degree	Year

Professional certification, licensure, or registration held:

Top three training priorities identified for the _____ year:

1.
2.
3.

How will you address your training needs?

PLEASE RETURN THIS FORM TO YOUR LOCAL INTERAGENCY COORDINATING COUNCIL COORDINATOR

EARLY INTERVENTION ASSISTANT: RESPONSIBILITIES, SUPERVISION AND COMPETENCIES

A. Responsibilities

An Early Intervention Assistant is permitted to perform all early intervention responsibilities within his or her capability and training, as demonstrated by performance of the relevant competencies for an early intervention assistant (which are identified at the end of this document), and as directed by his or her supervisor.

1. The scope of responsibilities *excludes* the following duties:

    a. Determination of initial eligibility of a child for early intervention services;

    b. Determination of continuing eligibility; and

    c. Determination of entitled services under Part C [e.g., initiating new treatment or altering Individualized Family Service Plans (IFSPs)].

2. The responsibilities of an Early Intervention Assistant *include* the following:

    a. Participating in locating, screening, identifying, and referring infants and toddlers for multi-disciplinary evaluation and assessment to determine those who are eligible for IDEA, Part C services.

    b. Presenting and discussing information with the team, including the family, in non-technical language.

    c. Participating in the implementation of IFSPs, including ongoing assessments.

    d. Providing activities that promote the child's acquisition of skills in a variety of developmental areas.

    e. Implementing, in collaboration with the multidisciplinary team, integrated IFSP outcomes within natural environments.

    f. Working with families and support persons in the child's natural environment to promote the skill development of the child in implementation of the IFSP.

    g. Identifying, with the family, progress toward meeting IFSP outcomes and goals, through ongoing assessments.

3. Evaluation and assessment are terms defined in Virginia's Policies and Procedures, and defined by federal regulations in IDEA, Part C, as follows:

    a. Evaluation: The procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and

toddlers with disabilities" for participation in early intervention services including determining the status of the child in each of the developmental areas of cognitive, physical, including vision and hearing, communication, social/emotional, adaptive development.

(34CFR 303.322 (b)(1))

b. Assessment: The ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under Part C for early intervention services to identify:

i. the child's unique strengths and needs;
ii. resources, priorities and concerns for the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler with a disability (34 CFR 303.322 (b)(2)(l-iii)); and
iii. the nature and extent of early intervention services that are needed to meet those needs.

B. Supervision

1. Supervision of an Early Intervention Assistant is performed by a qualified professional who meets one of the highest standards, as identified in Component IX (Personnel Standards) of Virginia's Policies and Procedures for Part C of IDEA, excluding the disciplines of physical therapy assistant, occupational therapy assistant, and educational interpreter.

2. Direction by the supervisor is interpreted as follows:

a. The supervisor conducts supervisory activities related to the responsibilities described above. Supervision includes the following:

i. regularly-scheduled contact;
ii. review of written plans and reports; and
iii. the identification and promotion of activities for professional growth and development.

b. The supervisor provides opportunities for an interactive dialogue, reflective interaction, and mutual problem solving.

C. Competencies

The competency areas and competency statements for an Early Intervention Assistant are as follows.

1. Competency Area 1: Understanding and Communicating Virginia Policies and Procedures

a. Explain the objectives of Part C of IDEA early intervention for infants and toddlers with disabilities.

b. Identify characteristics of the Part C early intervention system in Virginia such as:

i. name of Lead Agency;
ii. system of local interagency coordinating councils (LICCs); and
iii. variety of team roles.

c. Define the roles of service providers, according to Part C of IDEA (e.g., consultants to the family, roles and responsibilities of service coordinator, transition planning).

d. Explain procedures that guarantee family rights and confidentiality.

e. Identify ways that a child and family enter the local system (e.g., central point of entry).

f. Explain the basic components of Virginia's definition of developmental delay and eligibility for services

g. Explain the responsibility of the mandated reporter for suspected child abuse or neglect.

2. Competency Area 2: Developing Collaborative and Supportive Relationships with Families

a. Discuss the importance and value of building and maintaining a rapport/trust relationship with a family.

b. Recognize that a family can and does have a variety of roles in the early intervention system and those roles change over time.

c. Discuss the importance of sharing complete and unbiased information with a family.

d. Listen effectively and recognize a family's concerns, priorities and resources.

e. Use language that is respectful, emphasizes capabilities, and is non-discriminatory.

f. Communicate information and ideas clearly with a family, orally and in writing, with respect for a family's culture, socioeconomic and educational level, and in the family's preferred mode of communication.

g. Demonstrate the ability to work with families from diverse backgrounds, recognizing that culture impacts the family structure and family membership.

3. Competency Area 3: Functioning as a Team

a. Describe the importance of an integrated and coordinated community team approach.

b. Demonstrate ethical behavior.

c. Communicate openly, respecting cultural and individual differences.

d. Share expertise and problem solve as an equal team member.

e. Seek supervisory support (e.g., clarify one's own emotional reactions to job related occurrences such as child illness or death, problematic interactions with team members, cultural differences).

4. Competency Area 4: Understanding Child Development and Health

    a. Describe basic normal growth and development including range and variability in the areas of:

        i. physical development including vision and hearing;
        ii. communication;
        iii. social/emotional;
        iv. cognition; and
        v. adaptive.

    b. Identify some common exceptionalities/disabilities (e.g., Cerebral Palsy, Down Syndrome, prematurity, etc.)

    c. Use and discuss basic health and safety issues that lead to prevention or illness or accident, including universal precautions.

    d. Recognize how child development and family interaction are affected by the family system, culture, and socioeconomic influences.

5. Competency Area 5: Determining Eligibility and the Infant and Toddler's Developmental Needs

    a. Discuss the difference between screening, evaluation and assessment.

    b. Identify strategies (e.g., discussion, parent questionnaires, observations) to gather information about a child with the family.

    c. Use multiple and continuous opportunities to assess and monitor a child's development.

6. Competency Area 6: Developing and Revising the IFSP with the Family

    a. Discuss the purpose and basic characteristics of the Individualized Family Service Plan.

    b. Identify appropriate activities for an infant or toddler.

    c. Identify learning opportunities that can be used throughout a child's daily routine in the natural environment.

7. Competency Area 7: Implementing the IFSP with the Family

    a. Recognize when another team member's expertise is needed to help.

    b. Identify ways of including family members and/or primary care givers in the implementation of activities as specified on the Individualized Family Service Plan.

    c. Respond appropriately to an infant's or toddler's behavioral cues

d. Interpret a child's play and behavior in relation to developmental strengths and needs in a way that is meaningful to a family.

INTRODUCTION TO THE EARLY INTERVENTION ASSISTANT QUESTIONS AND ANSWERS

The Early Intervention Assistant (EIA) position is a standard of practice specified in Component IX (Personnel Standards) of Virginia's Policies and Procedures for Part C (Early Intervention with Infants and Toddlers with Disabilities) of the Individuals with Disabilities Education Act (IDEA), which ensures that individuals posses the knowledge, skills, and abilities to provide early intervention services in accordance with the responsibilities defined in the preceding section, "Early Intervention Assistant: Responsibilities, Supervision, and Competencies". An application process for potential EIAs assures that early intervention providers are "fully and appropriately qualified to provide early intervention services" as stated in the Amendments to the Individuals with Disabilities Education Act (June 4, 1997) [20 USC 1435 § 635(a)(8)(B)]. Employing persons who meet the Early Intervention Assistant competencies assists Virginia in addressing personnel shortages, the lack of diversity in the work force for persons working with infants and toddlers, and the inconsistency of the knowledge, skills, and abilities of early intervention personnel employed across the Commonwealth in assistant positions.

The following are answers to some frequently asked questions related to the early intervention assistant occupational category.

Why was the Early Intervention Assistant position developed?

The Early Intervention Assistant position was developed to ensure that persons employed as Early Intervention Assistants have knowledge, skills, and abilities to carry out responsibilities in providing early intervention services to infants and toddlers with disabilities, and that such individuals have obtained state approval of their qualifications. The Amendments to the Individuals with Disabilities Education Act allow the use of paraprofessionals who are "appropriately trained and supervised, in accordance with State law, regulations, or written policy, to assist in the provision of early intervention services to infants and toddlers with disabilities." 20 USC 1435 § 635(a)(9)(B).

In Virginia, after the year 2002, all personnel working as early intervention providers must meet qualified personnel standards. Virginia Policies and Procedures must include, according to the IDEA, "the establishment and maintenance of standards which are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements which apply to the area in which such personnel are providing early intervention services." 20 USC 1435 § 635(a)(9)(A).

Virginia's Policies and Procedures, Component IX, Personnel Highest Standards, recognize the following as providers of entitled early intervention services:

- Audiologist
- Certified Therapeutic Recreation Therapist
- Licensed Professional Counselor
- School Counselor
- Early Childhood Educator
- Early Childhood Special Educator

- Early Intervention Generalist (see reference to early intervention generalist below)*
- Educational Interpreter
- Educator of Hearing Impaired
- Educator of Visually Impaired
- Registered Nurse
- Nurse practitioner
- Nutritionist
- Occupational Therapist
- Occupational Therapy Assistant
- Orientation and Mobility Specialist
- Physical Therapist
- Physical Therapy Assistant
- Physician
- Clinical Psychologist
- Psychologist
- School Psychologist
- Social Worker
- Registered Social Worker
- Clinical Social Worker
- School Social Worker
- Visiting Teacher
- Speech-Language Pathologist.

* The aforementioned Early Intervention Generalist category is a temporary, emergency measure which allows persons employed in Virginia's Early Intervention system prior to September 1993, who do not meet another highest standard, to continue their employment until the year 2002. The new EIA category allows individuals currently practicing as Early Intervention Generalists to complete the application process, and upon approval of their qualifications, to be fully recognized providers of early intervention services. Persons who seek and are approved to work in the EIA paraprofessional role have a recognized highest standard.

Why is the Early Intervention Assistant position important?

The Early Intervention Assistant is an entry-level position, and the individual holding the position is recognized by the state as having the required experience and skills to work with infants and toddlers with disabilities and their families. This position allows for the recruitment and retention of individuals who do not meet one of the currently existing highest standards (listed above), but who possess the knowledge, skills, and abilities to perform in the role of an Early Intervention Assistant (see "Early Intervention Assistant: Responsibilities, Supervision, and Competencies"). The development of the Early Intervention Assistant position is one strategy that will create opportunities for employment of family members, individuals from diverse backgrounds, and perhaps those persons who are moving from welfare to work. The Early Intervention Assistant position allows persons to gain entry into the field of early intervention without possessing a baccalaureate or master's degree.

What kind of responsibilities will the Early Intervention Assistant have?

The Early Intervention Assistant is a member of the service delivery team; however, when determining eligibility and developing the Individualized Family Service Plan (lFSP), the EIA may not be considered one of the two or more multidisciplinary team members, required by the Individuals with Disabilities Education Act.

The responsibilities of the EIA as a member of the service delivery team, which includes the family, are as follows:

1) participating in locating, screening, identifying, and referring infants and toddlers for multi-disciplinary evaluation and assessment to determine those who are eligible for IDEA, Part C services;

2) presenting and discussing information with the team, including the family, in non-technical language;

3) participating in the implementation of IFSPs, including ongoing assessments;

4) providing activities that promote the child's acquisition of skills in a variety of developmental areas;

5) implementing, in collaboration with the multidisciplinary team, integrated IFSP outcomes within natural environments;

6) working with families and support persons in the child's natural environment to promote the skill development of the child in implementation of the IFSP; and

7) identifying, with the family, progress toward meeting IFSP outcomes and goals, through ongoing assessments.

An Early Intervention Assistant may not perform the following duties:

1) determination of initial eligibility of a child for early intervention services;

2) determination of continuing eligibility; and

3) determination of entitled services under Part C, e.g., initiating new treatment or altering Individualized Family Service Plans (IFSPs).

The EIA may also perform the duties of a service coordinator, if the person has received appropriate training in the responsibilities of service coordination, and has the necessary knowledge and skills. The competencies for a service coordinator are identified in Virginia Policies and Procedures, Component VII, Individualized Family Service Plans, as follows:

The Lead Agency ensures that service coordinators are qualified employees including either professionals or paraprofessionals who meet all state competencies for service coordination and have demonstrated knowledge and understanding about:

1) infants and toddlers who are eligible under this part;

2) Part C of the Act and the regulations in this part; and

3) the nature and scope of services available under the intervention program, the system of payments for services in Virginia, and other pertinent information. (34 CFR 303.6(d)).

Will the Early Intervention Assistant be supervised?

Yes. The Early Intervention Assistant is supervised by one or more qualified personnel, as identified in Component IX, Personnel Standards. The disciplines of physical therapy assistant, occupational therapy assistant, and educational interpreter are excluded from the list of qualified supervisors. Examples of supervision may be that the coordinator of the infant program, who is a licensed early childhood special educator, supervises the EIA each week in a one-to-one supervisory meeting; or one member of the team, such as a licensed speech-language pathologist, may go on frequent home visits and provide the EIA with feedback regarding intervention strategies.

Direction by the supervisor is interpreted as follows:

1) The supervisor conducts supervisory activities related to the responsibilities described above. Supervision includes the following:

   a) regularly scheduled contact;
   b) review of written plans and reports; and
   c) the identification and promotion of activities for professional growth and development.

2) The supervisor provides opportunities for an interactive dialogue, reflective interaction, and mutual problem solving.

What must one do to become an Early Intervention Assistant?

A person who chooses to work in Virginia's early intervention system as an EIA must demonstrate that he or she has the required competencies established for an EIA. The person needs to submit an application to the Early Intervention Application Review Panel who determines approval of qualifications for meeting the competencies of the EIA.

What is the minimal degree or experience that one must have to apply for the Early Intervention Assistant?

As part of the application process, the applicant must demonstrate that he/she has the following:

1) a GED, high school diploma, or college degree; and
2) the skills and competencies of the EIA.

How long does it take to become an Early Intervention Assistant?

The time necessary to acquire skill and obtain evidence of the EIA competencies varies. Once the application is submitted, including all needed documentation, the Early Intervention Application Review Panel determines eligibility for the EIA category.

What if the person has some - but not all - of the competencies?

A person may work in early intervention on provisionary status as an EIA while pursuing the necessary competencies to complete his or her application. A person may be employed up to eighteen months, on provisionary status, to allow adequate time to acquire on-the-job skills as well as

to obtain the competencies and to acquire approval of his or her qualifications as an EIA.

Do the competencies of the EIA apply to all early intervention providers?

The knowledge, skills, and abilities listed in the competencies for the EIA are competencies that all early intervention providers should have. A specific discipline's course of study may or may not teach all of these skills, and many providers learn skills on-the-job. Persons working in early intervention may want to use a list of competencies like this one to help them identify areas of need and to develop a plan for their own staff development.

What must the application include?

The application must contain a record of the person's education and job-related experiences that provide evidence of his or her knowledge and skills in early intervention. For example, evidence of participation in inservice or course work, samples of home visit plans or reports, supervisory evaluations, or letters of recommendation can be provided. The contents of the application are described in this package in the section "Application Process to Become an Early Intervention Assistant."

Who will review the application?

At least twice a year (quarterly for its first year of existence), the Early Intervention Application Review Panel reviews applications for the EIA. The Panel is made up of qualified early intervention personnel with a high degree of expertise in early intervention services. Panel members may be appointees of the Virginia Interagency Coordinating Council (VICC), members of the VICC committees, or the local interagency coordinating councils, family members, or faculty at institutions of higher education. The application process is further described in the section "Application Process to Become an Early Intervention Assistant."

What if the application is denied?

The reviewers may turn down an application if it does not include adequate evidence of knowledge, skills, and abilities in all of the competency areas. If an application is denied, the applicant is provided with feedback about non-acceptance and suggestions for improving the application or areas of deficit. Those individuals whose applications are denied are able to submit further documentation, based on feedback received from the Review Panel.

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APPLICATION PROCESS TO BECOME AN EARLY INTERVENTION ASSISTANT

Review Process

An Early Intervention Application Review Panel is established by the Personnel Training and Development Committee of the Virginia Interagency Coordinating Council (VICC) reviews the materials submitted by each applicant. The members of the Early Intervention Application Review Panel evaluates whether or not an individual has met the competencies required to become an early intervention assistant, through his or her education and experience.

The selection and training of the Early Intervention Application Review Panel is completed through an application process. Applications are distributed to individuals inviting their participation on the Early Intervention Application Review Panel. Members of the Virginia Interagency Coordinating Council (VICC), the VICC committees, the local interagency coordinating councils, faculty at institutions of higher education, and family members are invited to submit applications. The Personnel Training and Development Committee of the VICC will select persons to serve on the Review Panel, and names of the panel members are submitted to the Early Intervention Office. The membership is determined with consideration for specific constituencies and geographic, agency, and discipline affiliation.

Reviewers use a tested, reliable process for approving applications. The Panel members receive orientation material that includes the rationale for the application process and description of the scope of responsibilities of the Early Intervention Assistant. Sample application packets of varying quality are provided. The members participate in a training activity. They review sample applications to develop reliability across raters. For example, reviewers independently rate an application, compute their level of agreement, then discuss ratings to achieve consensus. The reviewers monitor their level of agreement by recording decisions on randomly selected applications. If there is disagreement regarding the recommendation to approve the qualifications of the applicant, the raters discuss discrepancies and reach consensus.

Submission of Application Packet

A person wishing to become an early intervention assistant must submit an application packet to the Early Intervention Application Review Panel. The Early Intervention Assistant application packet documents a sampling of an individual's expertise related to the following specific competency areas:

1. Understanding and Communicating Virginia Policies and Procedures
2. Developing Collaborative and Supportive Relationships with Families
3. Functioning as a Team
4. Understanding Child Development and Health
5. Determining Eligibility and the Infant and Toddler's Developmental Needs
6. Developing and Revising the IFSP with the Family
7. Implementing the IFSP with the Family

The applicant must also include a copy of the highest degree obtained, e.g., GED, high school diploma, college degree.

Approval of the Qualifications of the Early Intervention Assistant

The Early Intervention Application Review Panel meets quarterly for the first year and then at least twice a year to ensure timely review and feedback to persons requesting approval of their qualifications to become an early intervention assistant. The Panel submits their decisions regarding whether or not to approve the applicant's qualifications to the Virginia Early Intervention Office. The Early Intervention Office informs persons of their status, within thirty days of the decision, as to whether or not their qualifications have been approved. A summary completed by the Panel is available upon request, for those persons who are approved as early intervention assistants. Application materials are not returned for those persons who receive the approval. Applicants are encouraged to retain copies of all application materials. Applications not meeting the acceptable standard are returned, with substantive feedback, for re-submission. Deferred applicants are encouraged to resubmit their application when all requirements requested by the Review Panel are met.

Once the applicant acquires the Early Intervention Assistant designation, the Early Intervention Assistant engages in the established personnel development system of self-assessment, using the Indicators of Recommended Practice, and participates in a minimum of two training activities each year.

Evaluation of the Review Process

Feedback about the early intervention assistant application review process is gathered. Questionnaires are distributed to review board members and applicants to determine efficiency, effectiveness, and satisfaction with the process.

Commonwealth of Virginia

Notice of Child and Family Rights

in the

Infant & Toddler Connection of Virginia

Part C Early Intervention System

October 2000

Introduction

The Individuals with Disabilities Education Act (IDEA) is a federal law which includes provisions for early intervention services for eligible infants and toddlers (ages 0-36 months) with disabilities and their families. These provisions form Part C of IDEA and are articulated in federal regulations (34 *Code of Federal Regulations*, Section 303) and in State law (*Code of Virginia*, Title 2.1, Chapter 47, §§ 2.1-760 through 2.1-768).

In Virginia, the Part C system is called Infant & Toddler Connection of Virginia. The system is designed to maximize family involvement and ensure parental consent in each step of the early intervention process, beginning with determination of eligibility and continuing through service delivery and transition.

Infant & Toddler Connection of Virginia includes safeguards (or rights) to protect parents and children. Parents must be informed about their rights in Infant & Toddler Connection of Virginia so that they can have a leadership role in the services provided to their family. *Notice of Child and Family Rights in the Infant & Toddler Connection of Virginia System* is an official notice of the rights of children and families as defined under federal Part C regulations.

Information about child and family rights is provided to families through local interagency coordinating councils (LICCs), which are responsible for Part C early intervention services at the community level. Specifically, this information is provided by local agencies and providers that participate in Infant & Toddler Connection of Virginia, (referenced herein as "local participating agencies/providers").

☞ *Service coordinators working with families can suggest additional materials that help families understand their rights under Part C. They can also suggest ways that you and other family members can be partners with professionals to help meet the developmental needs of your child.*

Within the Infant & Toddler Connection of Virginia Part C Early Intervention System, you, as a parent, have the following safeguards (or rights):

- The right to a multidisciplinary evaluation and assessment and the development of an Individualized Family Service Plan (IFSP) within forty-five (45) calendar days from referral for evaluation;
- If eligible under Part C, the right to appropriate early intervention services[1] for your child and family as addressed in an IFSP;
- The right to evaluation, assessment, IFSP development, service coordination, and procedural safeguards at no cost. You may, however, be charged for other early intervention services based on your ability to pay as determined using ability to pay mechanisms (e.g., sliding fee scales). Inability to pay will not prevent your child or your family from receiving early intervention services;
- The right to refuse evaluations, assessments, and services;
- The right to be invited to and participate in all meetings in which a decision is expected to be made regarding a proposal to change the identification, evaluation, or placement of your child, or the provision of services to your child or family;
- The right to receive written timely notice before a change is proposed or refused in the identification, evaluation, or placement of your child, or in the provision of services to your child or family;
- The right to receive each early intervention service in natural environments to the extent appropriate to meet your child's developmental needs;
- The right to maintenance of the confidentiality of personally-identifiable information;
- The right to review and, if appropriate, correct records;
- The right to request mediation and/or impartial due process procedures to resolve parent/provider disagreements; and
- The right to file an administrative complaint.

In addition to the general rights noted above, you are entitled to be notified of specific procedural safeguards under Part C. These rights are described below.

Written Prior Notice

Written prior notice must be given to you within a reasonable time (ten (10) calendar days) before a local participating agency/provider proposes or refuses to initiate or change the identification, evaluation, or placement of your child, or the provision of appropriate early intervention services to your child and your family. The notice must be sufficiently detailed to inform you about:

1. The action that is being proposed or refused;
2. The reasons for taking the action;
3. All procedural safeguards that are available under Part C; and
4. The state's complaint procedures, including a description of how to file a complaint and the timelines for those procedures.

The notice must be:

1. Written in language understandable to the general public and provided in your native language unless clearly not feasible to do so;
2. If your native language or other mode of communication is not a written language, the local participating agency/provider shall take steps to insure that:

In Virginia, "appropriate early intervention services" are determined through the IFSP process. The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in the IFSP. Federal regulations define early intervention services as services that "are designed to meet the developmental needs of each child eligible under Part C and the needs of the family related to enhancing the child's development."

1. The notice is translated orally or by other means to you in your native language or other mode of communication;
2. You understand the notice;
3. There is written evidence that the requirements of this section have been met; and
4. If you are deaf, blind, unable to read, or have no written language, the mode of communication must be that normally used by you (such as sign language, Braille, or oral communication).

Parental Consent

Consent means that:

1. You are fully informed of all information about the activity(s) for which consent is sought. This information is provided in your native language unless clearly not feasible to do so, or other appropriate mode of communication;

   ☞ *Native Language, where used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of an eligible child.*

2. You understand and agree in writing to the carrying out of the activity(s) for which your consent is sought, and the consent describes the activity(s) and lists the records (if any) that will be released and to whom; and
3. You understand that the granting of consent is voluntary on your part and may be revoked at any time.

Your written consent must be obtained before the initial evaluation and assessment of your child is conducted. If you do not give consent for initial evaluation, the local participating agency/ provider may:

4. Provide you with relevant literature or other materials;
5. Offer you peer counseling to help your understanding of the value of early intervention and to address your concerns about participation in Infant & Toddler Connection of Virginia;
6. Periodically renew contact with you, on an established time schedule, to see if you have changed your mind about the desirability of recommended procedures or services; and
7. Initiate an impartial due process hearing for resolving parent/provider disagreements.

Your written consent must also be obtained before early intervention services are provided. If you do not consent, the local participating agency/provider shall make reasonable efforts to ensure that you:

1. Are fully aware of the nature of the evaluation and assessment or the services that would be available; and
2. Understand that your child will not be able to receive the evaluation and assessment or services unless consent is given.

In addition, as the parent of a child eligible under Part C, you may determine whether your child or other family members will accept or refuse any early intervention service(s) under this program. You may also refuse such a service after first accepting it without jeopardizing other early intervention services under this program.

Finally, you have the right to written notice of and written consent to the exchange of any personally-identifiable information collected, used, or maintained under Part C.

Examination of Records

In accordance with the Confidentiality of Information procedures outlined in the next section of this pamphlet, you must be given the opportunity to inspect and review records relating to evaluations and assessments, eligibility determinations, development and implementation

of IFSPs, individual complaints concerning your child, and any other portion of the Part C program involving records about your child and your family.

Confidentiality of Information

☞ *The following definitions are used in this section: (1) "Destruction" / destroy means physical destruction or removal of personal identifiers from information that is no longer personally identifiable; (2) "Education record(s)" or "record(s)" means the records covered by Family Education Rights and Privacy Act (FERPA); and (3) "Participating agency" means any agency or institution which collects, maintains, or uses personally-identifiable information, or from which information is obtained, under Part C and may include staff of any local participating agency/provider.*

Each local participating agency/provider must give you the opportunity to inspect and review any records relating to your child which are collected, maintained or used by the agency or provider under Part C. The local participating agency/provider must comply with a request without unnecessary delay and before any meeting regarding an IFSP or hearing relating to identification, evaluation, placement, or provision of services for your child and family and, in no case, more than forty-five (45) days after the request has been made.

The right to inspect and review records includes:

1. The right to a response from the local participating agency/provider to reasonable requests for explanations and interpretations of the record;
2. The right to request that the local participating agency/ provider provide records containing the information if failure to provide those copies would effectively prevent you from exercising the right to inspect and review the records; and
3. The right to have someone who is representing you inspect and review the record.

A local participating agency/provider may presume that you have the authority to inspect and review records relating to your child unless the agency or provider has been advised that you do not have the authority under applicable Virginia law governing such matters as guardianship, separation and divorce.

Each local participating agency/provider shall keep a written record of parties obtaining access to education records collected, obtained, or used under Part C (except access by parents and authorized employees of such agency or provider), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the child's record.

If any record includes information on more than one child, you have the right to inspect and review only the information relating to your child, or to be informed of that specific information.

Each local participating agency/provider shall provide you, upon request, a list of the types and locations of records collected, maintained, or used by the agency or provider. A local participating agency/provider may charge a fee for copies of records which are made for parents under Part C if the fee does not effectively prevent you from exercising your right to inspect and review those records. However, they may not charge a fee to search for or to retrieve information under Part C.

If you believe that information in records collected, maintained, or used under Part C is inaccurate or misleading, or violates the privacy or other rights of your child or family, you may request the local participating agency/provider which maintains the information to amend the information.

1. Such agency or provider must decide whether to amend the information in accordance with the request within a reasonable period of time it receives the request.
2. If such agency or provider refuses to amend the information as you request, you must be informed of the refusal and

be advised of the right to a hearing.Pick up

The local participating agency/provider, on request, must provide an opportunity for a hearing to challenge information in education records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.

1. If, as a result of the hearing, such agency or provider decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, it must amend the information accordingly and must inform you in writing.
2. If, as a result of the hearing, such agency or provider decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, you must be informed of your right to place in the records of your child, a statement commenting on the information, and setting forth any reasons for disagreeing with the decision of the agency or provider.

Any explanation placed in the records of your child under this section must:

1. Be maintained by the local participating agency/provider as part of the records of your child as long as the record or contested portion (that part of the record with which you disagree) is maintained by such agency or provider; and
2. If the records of your child or the contested portion are disclosed by such agency or provider to any party, the explanation must also be disclosed to the party.

A hearing held under this section must be conducted according to the procedures under the Family Education Rights & Privacy Act (FERPA), which is found in statute at 20 U.S.C. §1232g, and in federal regulations at 34 CFR Part 99.

Parental consent must be obtained before personally-identifiable information is:

here

1. Disclosed to anyone other than officials of the agency/provider serving your child in collecting or using information under Part C, unless authorized to do so under FERPA (34 CFR 99.31); or
2. Used for any purpose other than meeting a requirement under Part C.

Information from your child's early intervention record cannot be released without your consent unless the agency or provider is authorized to do so under FERPA. If you refuse to provide consent, the local participating agency/provider may initiate due process procedures for resolving this disagreement.

The following safeguards must be in place to ensure confidentiality of records:

- Each local participating agency/provider must protect the confidentiality of personally-identifiable information at collection, storage, disclosure, and destruction stages;
- One official of each local participating agency/provider is responsible for insuring the confidentiality of any personally-identifiable information;
- All persons collecting or using personally-identifiable information must receive training or instruction regarding Virginia's Part C policies and procedures which comply with IDEA and FERPA;
- Each local participating agency/provider must maintain, for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally-identifiable information;
- The local participating agency/provider must inform parents when personally-identifiable information collected, maintained, or used under Part C is no

longer needed to provide services to the child; and

- The information must be destroyed, at the request of the parents. (Permanent records of your child's name, address, phone number may be maintained.)

Individual Child Complaints

If you disagree with a local participating agency/provider on the identification, evaluation, placement of your child, or provision of appropriate early intervention services to your child or family, you have the right to a timely administrative resolution of your concerns. Such parent/ provider disagreements are called *individual child complaints*.

Virginia offers two (2) methods for resolving individual child complaints, both of which are available at no cost to families: mediation and impartial due process hearings. The following is an overview of mediation and impartial due process hearings. For information on how to file a request for mediation and/or an impartial due process hearing, see Contact Information.

Mediation

Mediation is voluntary and freely agreed to by both parties; parents/providers are not required to use it. Mediation provides an opportunity for parents/providers to resolve their disagreements (e.g., individual child complaints) in a non-adversarial, informal manner. Only parents may request mediation. Mediation must be completed in fifteen (15) days following receipt by the State Lead Agency of a request for mediation and may not be used to deny or delay your rights to an impartial due process hearing or to deny any of your other rights under Part C.

About Mediators and Hearing Officers...

Mediators used in mediation (and hearing officers used in due process hearings, as described in the next section), must be "impartial." *Impartial* means that the person appointed to serve as a mediator (or hearing officer of the due process proceeding)—

(1) Is not an employee of any agency or program involved in providing early intervention services or care of the child; and

(2) Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

A person who otherwise qualifies under this section is not an employee of an agency or program solely because the person is paid by the agency or program to implement the disagreement resolution process.

The State Lead Agency will contact both parties (i.e., you and the provider) to review the complaint and the mediation process, and to schedule a time and location for the mediation. The mediation will be scheduled in a timely manner and held in a location that is convenient to both parties. A qualified and impartial mediator who is trained in effective mediation techniques will meet with both parties to help them find a solution to the complaint in an informal, non-adversarial atmosphere. The State Lead Agency maintains a list of qualified mediators who are knowledgeable of the laws and regulations relating to the provision of early intervention services for infants and toddlers with disabilities and their families.

Both parties must sign the mediation agreement and parties are given a copy of the written agreement at the end of the mediation. Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent impartial due process hearings or civil proceedings, and the parties to the mediation may be required to sign a confidentiality pledge prior to the beginning of the process. Mediation does not preclude you from requesting an impartial due process hearing at any time. If

An impartial due process hearing is a formal procedure conducted by an impartial hearing officer and is the second alternative for families seeking to file an Individual Child Complaint. Families seeking an impartial due process hearing must submit their request in writing directly to the State Lead Agency. The impartial due process hearing must be completed, and a written decision made, within thirty (30) days of the request. (Mediation, if attempted, must occur within the same 30 days.)

Hearing officers are appointed to conduct due process hearings. Hearing officers must:

1. Have knowledge about the provisions of Part C and the needs of, and services available for, eligible children and their families; and
2. Perform the following duties:
    1. Listen to the presentation of relevant views about the complaint/ disagreement, examine all information relevant to the issues, and seek to reach a timely resolution of the disagreement;
    2. Provide a record of the proceedings at the cost of the state, including a written decision (hearing only); and

Under Part C, you are given the rights listed below in any impartial due process hearing carried out under this section.

1. To be accompanied and advised by a lawyer (at your expense) and by individuals with special knowledge or training about early intervention services for children eligible under Part C;
2. To present evidence and confront, cross examine, and to compel the attendance of witnesses;

mediation is unsuccessful, you may want to request a due process hearing.

Impartial Due Process Hearings

3. To prohibit the introduction of any evidence at the proceedings that has not been disclosed to you at least five days before the proceeding;
4. To obtain a written or electronic verbatim (word by word) transcription of the proceeding; and
5. To obtain written findings of fact and decisions.

Any proceedings for implementing the impartial due process hearing process in this section must be carried out at a time and place that is reasonably convenient to you.

No later than thirty (30) days after the State Lead Agency receives your disagreement (complaint), the impartial due process proceeding required under this section must be completed and a written decision must be mailed to each of the parties. Any party not satisfied with the findings and decision of the impartial due process hearing has the right to bring a civil action in state or federal court. During the pendency (time period) of any proceeding involving a parent/provider disagreement (complaint), unless the local participating agency/provider and you otherwise agree, your child and family will continue to receive the appropriate early intervention services currently being provided.

If the disagreement (complaint) between you and the provider involves an application for initial services, your child and family must be provided those services that are not in dispute.

Administrative Complaints

In addition to the Individual Child Complaints process (discussed in the previous section), an individual or organization including those from another state may file a written signed complaint that any local participating agency/provider is violating a requirement of the Part C program. Infant & Toddler Connection of Virginia widely disseminates Administrative complaints must be filed with the State Lead Agency within one (1) year of the alleged violation. Under certain circumstances, the period for filing the complaint may be longer:

1. If the violation is still occurring for that child or other children; and/or
2. If the person filing the complaint is requesting reimbursement or corrective action for a violation that occurred within three (3) years of filing the complaint.

Once the State Lead Agency has received the complaint, it has sixty (60) days (unless exceptional circumstances exist) to:

1. Investigate the complaint, including conducting an independent, on-site investigation, if necessary;
2. Make an independent determination as to whether or not a violation has occurred after reviewing all relevant information; and
3. Issue a written decision to the complainant that addresses each allegation in the complaint and that contains the facts and conclusions as well as the reasons for the final decision.

The individual or organization filing the complaint has the opportunity to submit additional information, either orally or in writing, about the complaint. If the final decision indicates that appropriate services were/are not being provided, the State Lead Agency must address how to remediate the denial of those services including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family. This must include procedures for the State's complaint procedures to parents and other interested individuals, including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities. The complaint must include a statement that a requirement of Part C has been violated and a statement of the facts on which the complaint is based.

effective implementation of the decision, if needed, including technical assistance activities, negotiations, and corrective actions to achieve compliance.

The State Lead Agency must also address appropriate future provision of services for all infant and toddlers with disabilities and their families.

No part of any complaint that is also currently being addressed in an impartial due process hearing can be dealt with as an administrative complaint within this process until the conclusion of the hearing. Complaints that have already been decided in an impartial due process hearing involving the same parties cannot be considered under this procedure. The State must notify the complainant that the hearing decision is binding. However, the State Lead Agency must address complaints that are filed related to implementation of an impartial due process hearing decision.

Surrogate Parents

The rights of children eligible under Part C are protected even if:

1. No parent can be identified;
2. The local participating agency/provider, after reasonable efforts, cannot discover the location of a parent; or
3. The child is a ward of Virginia under the laws of the Commonwealth.

An individual is assigned to act as a "surrogate" for the parent according to the procedures that follow. The procedures include a method for determining whether a

child needs a surrogate parent and assigning a surrogate to the child. The following criteria are employed when selecting surrogates:

1. Surrogate parents are selected at the local level in the manner allowable under Virginia law; and
2. A person selected as a surrogate parent:
    3. Is not an employee of any state agency; or a person or an employee of any person providing early intervention services to the child or to any family member of the child. A person who otherwise qualifies to be a surrogate parent under this section is not an employee solely because he or she is paid by a local participating agency/ provider to serve as a surrogate parent; and
    4. Resides in the same general geographic area as the child, whenever possible.

A surrogate parent may represent the child in all matters relating to:

1. The evaluation and assessment of the child;
2. Development and implementation of the child's IFSP, including annual evaluations and periodic reviews;
3. The ongoing provision of early intervention services to the child; and
4. Any other rights established under Part C.

Contact Information

The State Lead Agency for the Infant & Toddler Connection of Virginia Part C Early Intervention System is the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). To file an individual child complaint, or to file an administrative complaint, or to find out more about complaint procedures in Virginia, including resolution of disputes through mediation and/or impartial due process hearings— contact the State Lead Agency at:

DMHMRSAS

1. Has no interest that conflicts with the interest of the child he or she represents;
2. Has knowledge and skills that ensure adequate representation of the child;

Infant & Toddler Connection of Virginia
Jefferson Building, 9th Floor
P.O. Box 1797
Richmond, VA 23218-1797

Direct phone # - (804) 786-3710
Fax - (804) 371-7959

or

1-800-234-1448 (TDD) -
[your name and contact information will be shared with Infant & Toddler Connection of Virginia Office and you will be contacted by a staff member]

LICC/Provider Label (w/ Phone Number)

Glossary

Assessment – The ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under Part C to identify—

(1) The child's unique strengths and needs and the services appropriate to meet those needs;

(2) The resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability; and

(3) The nature and extent of early intervention services that are needed by the child and the child's family to meet the needs in (a) and (b) above.

Disclosure – To permit access to or the release, transfer, or other communication of education records, or the personally- identifiable information contained in those records, to any party, by any means, including oral, written, or electronic means.

Evaluation – The procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under Part C, consistent with the definition of "infants and toddlers with disabilities" in 34 CFR 303.16, including determining the status of the child in each of the developmental areas.

Family – Defined according to each family's definition of itself including significant others.

Family Assessment – Family assessments must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.

IFSP – Individualized Family Service Plan (IFSP), a written plan for providing early intervention services to eligible children/families that:

(1) Is developed jointly by the family and appropriate, qualified personnel providing early intervention services;

(2) Is based on the multidisciplinary evaluation and assessment of the child and the assessment of the strengths and needs of the child's family, as determined by the family and as required in 34 CFR 303.322; and

(3) Includes services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child.

Mediation – A voluntary process freely agreed to by parents and providers to attempt to resolve Part C disagreements. Neither party is required to participate in the mediation process, and both parties must approve any agreement reached. Mediation may not be used to deny or delay your right to an impartial hearing or any of your other rights under Part C.

Multidisciplinary – The involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities in §303.322 and development of the IFSP in §303.342 - §303.345.

Natural Environment – Settings that are natural or normal for your child's age peers who do not have a disability.

Parent – Includes:

(1) A natural or adoptive parent of a child; a guardian; a person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare);

(2) A surrogate parent who has been assigned in accordance with Part C regulations Sec. 303.406; or,

(3) If permitted by the state, a foster parent as long as:

1) The natural parents' authority to make the decisions required of parents under Part C has been extinguished under Virginia law; and

2) The foster parent:

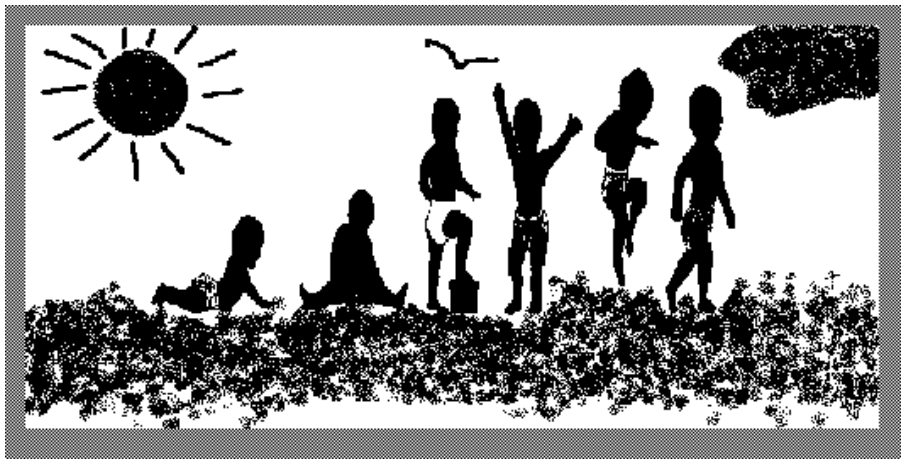
1) Has an ongoing, long-term parental relationship with the child;

2) Is willing to make the decisions required of parents under Part C; and

3) Has no interest that would conflict with the interests of the child.

Note: All citations contained in this glossary are references to 34 CFR Part 303.

VIRGINIA'S PART C INDIVIDUAL CHILD DATA FORM



June 2002

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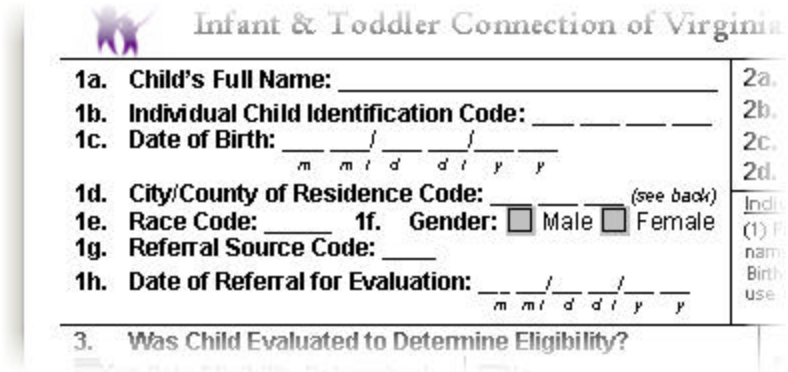
Individual Child Data Form '01 - '02: Instructions

General Instructions:

Please complete sections 1a, 1b, 1c, 1e and 4 for all children referred to your program. For all children found eligible, please complete the following information at the time the initial Individualized Family Service Plan (IFSP) is developed for each infant and toddler birth through age two who is eligible for Part C services. It is critical that each section of the form be fully completed. For those children who do not enter into Part C services, please complete as much of section one (1) of the form as possible. Also complete section 2b., 2c., and 3, Was Child Evaluated to Determine Eligibility?**.**

Note: Linking to the Family Survey. Plans are underway to link the information contained in the Individual Child Data Form to information in the Family Survey. The Web Based Individual Child Information System will generate a child specific code. This code will be used to make this link. ***With parental permission***, please note this code on the Family Survey. The date of birth is also included as a part of this identifying link.


Infant & Toddler Connection of Virgini

1a. Child's Full Name: _____
1b. Individual Child Identification Code: ___ ___ ___ ___
1c. Date of Birth: ___ ___/___ ___/___ ___ (m m / d d / y y)
1d. City/County of Residence Code: ___ ___ ___ (see back)
1e. Race Code: _____ 1f. Gender: ☐ Male ☐ Female
1g. Referral Source Code: ____
1h. Date of Referral for Evaluation: __ __/__ __/__ __ (m m / d d / y y)

2a.
2b.
2c.
2d.
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Birth
use

3. Was Child Evaluated to Determine Eligibility?

1a. Child's Full Name:

Federal Part C regulations require a non-duplicated December 1st child count. Enter the child's full name, including middle name or initial. This information will be used to search the system to determine if this child has been entered.

Note: This field is optional and only for local reference at this point in time. Once we receive clarification as to whether we can collect this information statewide, this information may be collected on all infants and toddlers.

1b. Individual Child Identification Code:

Virginia has designed an Individual Child Identification Code. Please enter a code for each child. To generate the Individual Child Identification Code, utilize the following formula:

(1) First letter of last name
(2) Third letter of last name
(3) Number of letters of last name (up to 9 only)
(4) Single birth - use Code A. For twins and other multiple Births - use Code B for baby 1, use Code C for baby 2, use Code D for baby 3, use Code E for baby 4, use Code F for baby 5.

1c. Date of Birth:

Record date of birth, as follows:

month month - day day - year year
Example: 0 2 - 2 1 - 0 1

1d. City/County Residence Code:

Virginia Legislators have consistently requested specific information on the number and needs of Part C children according to their place of residence. Use the appropriate three-digit code as listed on page 2 of the Individual Child Data Form.

Please Note: Virginia uses five names in common for cities/counties. They are Bedford, Fairfax, Franklin, Richmond and Roanoke. Please use the proper code when completing the form. The correct codes are on the reverse of the Child Data Form. They are listed separately by county or city. County codes begin with either 0 or 1 while city codes begin with one of the following digits 5, 6, 7 or 8.

1e. Race Code:

To determine minority representation in families receiving Part C services, and to meet federal reporting requirements, local councils are requested to record the race of the child receiving services according to the following codes:

Race Codes:

A =	Asian or Pacific Islander	N =	American Indian
B =	Black/African American	W =	White/Caucasian
H =	Hispanic	O =	Other _____

Counts for each of the categories should be unduplicated, in other words, each child should be counted only once, regardless of the child's race and ethnicity. The definitions for each of the categories that you should report by are:

A Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. This includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

B Black or African American, not of Hispanic origin. A person having origins in any of the Black racial groups of Africa.

H Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

N American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

W White, not of Hispanic origin. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

O Other, include all children of mixed ethnic heritage or who do not belong in any of the above categories.

1f. Gender of Child:

To maintain additional demographic information on the Part C population please indicate the gender of the child in services.

1g. Referral Source Code:

For state and local planning and evaluation purposes, the referral source is being requested. Please use the following codes when documenting referral sources:

Referral Source Codes:

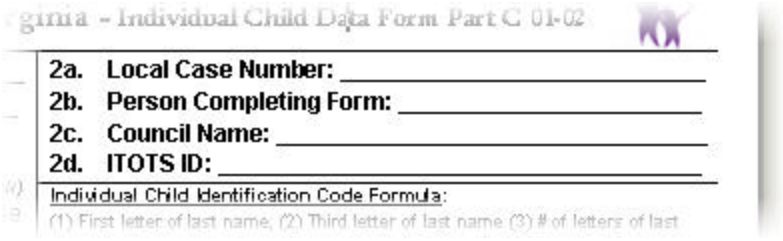
1. Community Services Board
2. Local Education Agency
3. Department of Health
4. Department of Social Services
5. Private, Non-profit Organization
6. Hospital
7. Pediatrician/Family Physician Group/Practice
8. Private Therapy
9. Friend/Neighbor/Relative
10. Parent/Guardian
11. Other Referral Source

1h. Date of Referral for Evaluation:

For state and local planning and evaluation purposes, the date of referral for evaluation is being requested.

Record date as follows:

month month - day day - year year
Example: 0 2 - 2 1 - 0 1


ginia - Individual Child Data Form Part C 01-02

2a. Local Case Number: _____
2b. Person Completing Form: _____
2c. Council Name: _____
2d. ITOTS ID: _____

Individual Child Identification Code Formula:
(1) First letter of last name, (2) Third letter of last name (3) # of letters of last

2a. Local Case Number:

Please record the number used locally to identify the child.

2b. Person Completing Form:

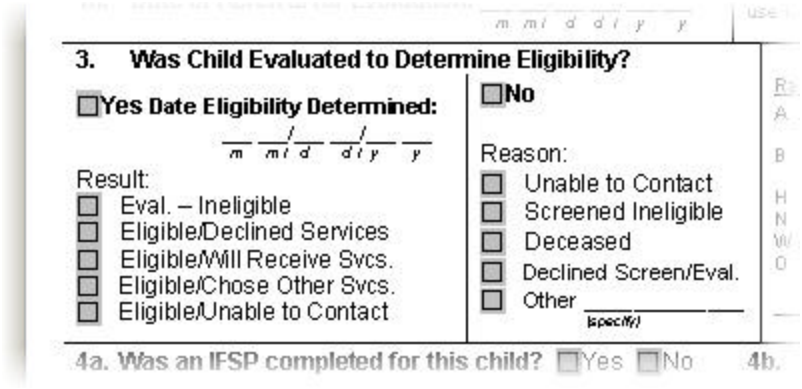
At times, further clarification on information provided on the Individual Child Data Form is needed during data entry or analysis. In order to easily contact a local individual who is familiar with a specific child's form, the name of the person completing each form is requested.

2c. Council Name:

Enter the name of the council that is providing services to the child and family.

2d. ITOTS ID:

Enter the system ID generated by the web-based program for future reference.



3. Was Child Evaluated to Determine Eligibility?

Check yes or no as to whether the child received an evaluation. If yes, record the date that the child was determined eligible according to the following example:

month month - day day - year year
Example: 0 3 - 1 6 - 0 1

The Part C office is tracking the number of children who are referred for services but do not make it into the Part C system. Please check the appropriate box according to the following outcomes:

If the child received an evaluation (Yes was checked for number 3):

Eval. – Ineligible
The child went through a multidisciplinary evaluation and was found ineligible.

Eligible/Declined Services
Check this box in instances where the child is evaluated and found eligible but the family declines services

Eligible/Eligible
Check this box when the child is found eligible and the family chooses to receive services.

Eligible/Chose Other Svcs:
The family was referred to the system and evaluated but the outcome was that they were referred to other services. This would be the case for the family with a two year old that is referred but chooses not to enter early intervention but to enter the school system instead.

Eligible/Unable to Contact:
The family was referred to the system and evaluated but subsequently the local system was not able to make contact with the family.

If the child did not receive an evaluation (No was checked for number 3):

Unable to Contact:
The family was referred to the system but the Central Point of Entry was not able to make contact with the family.

Screened Ineligible:
The child was screened for services and found not to need an evaluation.

Deceased

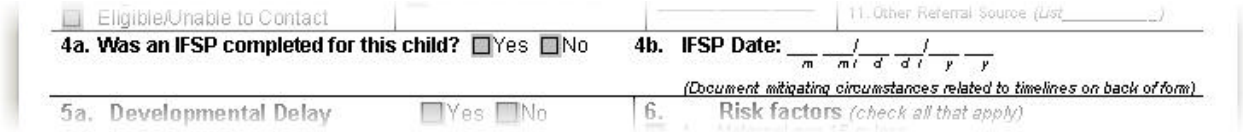
The family was referred and contact was made but the child had died.

Declined Screening/Eval.

The family declined either a screening or evaluation. Please circle which was declined, the screening or evaluation.

Other (specify)

The child was referred to the system but for some reason other than specified above, was not evaluated. Please specify why the child was not evaluated.



4a. Was an IFSP completed for this child?

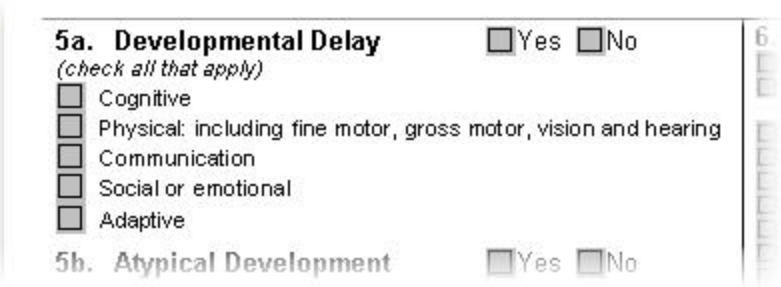
Check either yes or no, if yes move on to 4b.

4b. IFSP Date:

To collect data on the average length of stay in early intervention for evaluation, planning and cost projection purposes, local councils are requested to record the date that the IFSP is completed according to the following example:

month month - day day - year year
Example: 0 3 - 1 6 - 0 1

Items 5a. 5b. and 5c. address the child's eligibility for Part C services. Individuals completing this form are requested to document the criteria that are met in determining the child's eligibility as the child enters the program. Documentation of eligibility is critical to assure accurate reporting to the federal government. In order to be determined eligible for services under Part C, the child must meet the specified criteria related to either documented developmental delay (Numbers 5a. and/or 5b.) and/or diagnosed disabling condition (Number 5). Since a child may meet several criteria, please check all items that apply in Questions 5a., 5b., and 5c. Data collection on eligibility criteria will also assist the state and local councils in long term planning for service needs.



5a. Developmental Delay:

A delay is defined as a 25% or greater deficit in one or more of the developmental areas. Please check all that apply.

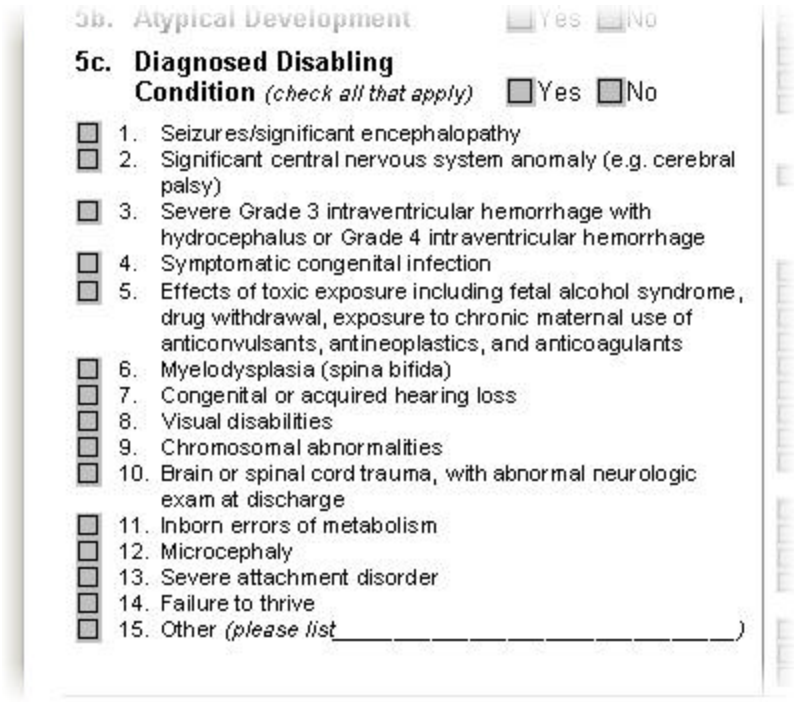
5b. Atypical Development:

Atypical development includes, but is not limited to, one or more of the following criteria (even when evaluation does not document a 25% developmental delay):

a. Abnormal or questionable sensory-motor responses, such as:
   (1) abnormal muscle tone;
   (2) limitations in joint range of motion;
   (3) abnormal reflex or postural reactions;
   (4) poor quality of movement patterns or quality of skill performance;
   (5) oral-motor skills dysfunction, including feeding difficulties.

b. Identified affective disorders, such as:
   (1) delay or abnormality in achieving expected emotional milestones;
   (2) persistent failure to initiate or respond to most social interactions;
   (3) fearfulness or other distress that does not respond to comforting by care givers.

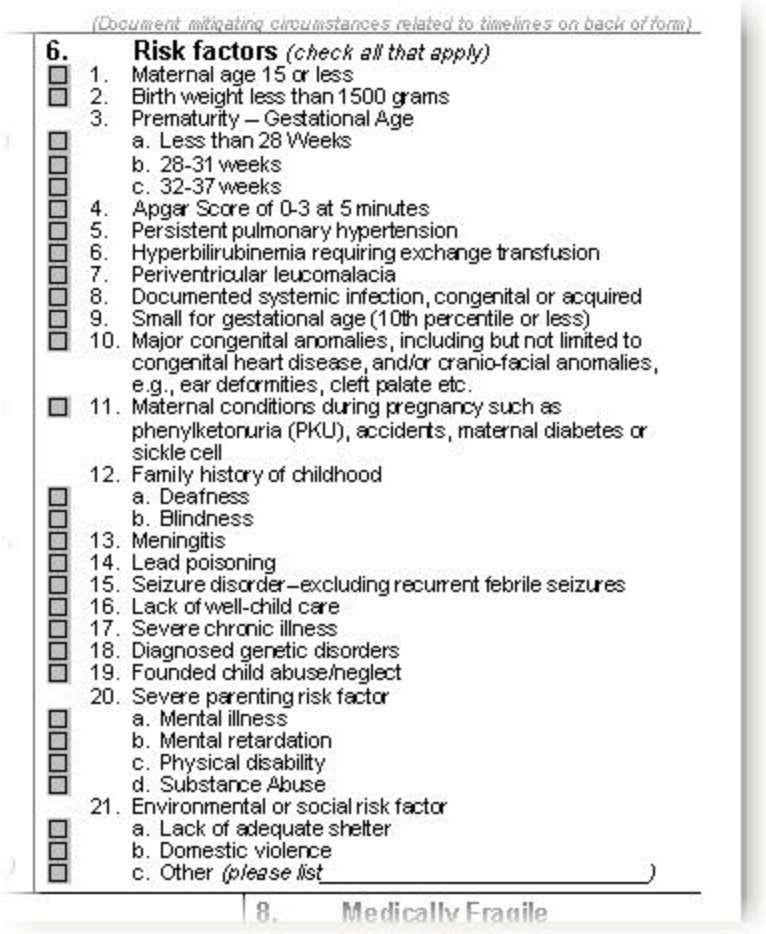
c. Behavioral disorders that interfere with the acquisition of developmental skills.



5c. Diagnosed Disabling Condition:

A diagnosed disabling condition is a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay even though a delay may not currently exist. To document that a child has a diagnosed disabling condition, the diagnosis must be made by a qualified professional (under most circumstances this would be a physician). In most instances the diagnosis will be documented in the child's medical records. Please check the category that fits the child's diagnosis for the purposes of determining eligibility. For example, a child with a diagnosis of Down Syndrome would be recorded by

checking "Chromosomal abnormalities" and a child with cerebral palsy would be recorded by checking "Significant Central nervous system anomaly". Confusion has arisen regarding when a child would have a diagnosed disabling condition under "Effects of toxic exposure". A child whose parents are known substance abusers but the child has not been diagnosed with "drug withdrawal" symptoms or "fetal alcohol syndrome" would not be recorded as "effects of toxic exposure" but as the risk factor of "severe parenting risk - substance abuse". Please note that medical diagnoses that do not have a high probability of resulting in developmental delay should not be recorded (e.g., "prematurity", "respiratory distress syndrome"). The purpose of collecting diagnosed disabling condition information is to document eligibility determination. Since it is possible that children may have multiple diagnosed disabling conditions, local councils are requested to identify all disabling conditions that apply. Guidance on diagnosed disabling conditions is provided in Attachment 1. Guidance on 'other' diagnosed disabling conditions is provided in Attachment 4.



(Document mitigating circumstances related to timelines on back of form)

6. Risk factors *(check all that apply)*

- ☐ 1. Maternal age 15 or less
- ☐ 2. Birth weight less than 1500 grams
- 3. Prematurity – Gestational Age
  - ☐ a. Less than 28 Weeks
  - ☐ b. 28-31 weeks
  - ☐ c. 32-37 weeks
- ☐ 4. Apgar Score of 0-3 at 5 minutes
- ☐ 5. Persistent pulmonary hypertension
- ☐ 6. Hyperbilirubinemia requiring exchange transfusion
- ☐ 7. Periventricular leucomalacia
- ☐ 8. Documented systemic infection, congenital or acquired
- ☐ 9. Small for gestational age (10th percentile or less)
- ☐ 10. Major congenital anomalies, including but not limited to congenital heart disease, and/or cranio-facial anomalies, e.g., ear deformities, cleft palate etc.
- ☐ 11. Maternal conditions during pregnancy such as phenylketonuria (PKU), accidents, maternal diabetes or sickle cell
- 12. Family history of childhood
  - ☐ a. Deafness
  - ☐ b. Blindness
- ☐ 13. Meningitis
- ☐ 14. Lead poisoning
- ☐ 15. Seizure disorder–excluding recurrent febrile seizures
- ☐ 16. Lack of well-child care
- ☐ 17. Severe chronic illness
- ☐ 18. Diagnosed genetic disorders
- ☐ 19. Founded child abuse/neglect
- 20. Severe parenting risk factor
  - ☐ a. Mental illness
  - ☐ b. Mental retardation
  - ☐ c. Physical disability
  - ☐ d. Substance Abuse
- 21. Environmental or social risk factor
  - ☐ a. Lack of adequate shelter
  - ☐ b. Domestic violence
  - ☐ c. Other *(please list* _____ *)*

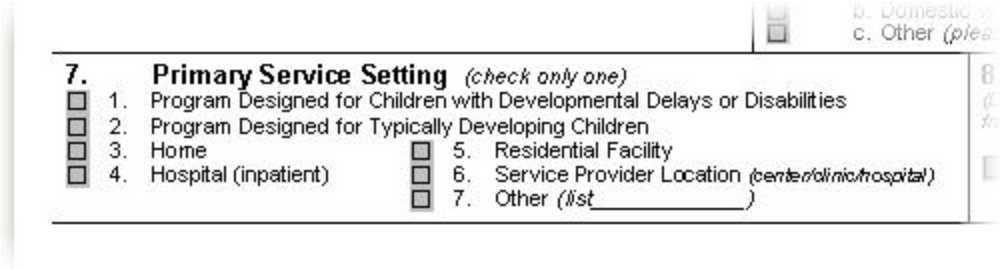
8. Medically Fragile

6. Risk Factors:

In an effort to better understand the relationship of risk factors with developmental delay and disabling conditions, local councils are requested to report risk factors on each child. Risk factors should be determined from the child's medical records or by report from the child's physician. Indicate all risk factors that apply to the child.

Please Note: Possessing any combination of risk factors does **not** make the child eligible for Part C services unless the child also possesses a documented developmental delay and/or a diagnosed disabling condition.

Guidance on determination of risk factors is provided in Attachment 2.



7. Primary Service Setting:

Federal reporting requirements indicate that the primary setting in which a child is receiving services must be reported. You are requested to report only the primary setting for which each child and family receive early intervention services. Only one type of setting may be designated. Use the following guidelines to select the appropriate setting.

- If a child is receiving services in more than one setting, count the child in the setting in which he or she receives the most hours of early intervention service, For example, a toddler who receives one hour of home-based service a month and four hours of service per month in a clinic (a service provider location) would be counted under the category "service provider location."
- If services are delivered to a child and family members, count the child only under the primary setting (as defined above) in which the child is being served.
- If services are delivered only to family members, i.e., no services are delivered to a child, count the child in Row 7 ("other").

Program settings are defined as follows:

1 **Program Designed for Children with Developmental Delays or Disabilities**: Refers to an organized program of at least one hour in duration provided on a regular basis. The program is usually directed toward the facilitation of one or more developmental areas. Examples include early intervention classrooms/centers and developmental day care programs.

2 **Program Designed for Typically Developing Children**: Services are provided in a facility regularly attended by a group of children. Most of the children in this setting do not have disabilities. For example, this includes children served in regular nursery schools and child care centers.

3 **Home**: Services are provided in the principal residence of the child's family or care givers.

4 **Hospital (inpatient)**: Hospital refers to a residential medical facility. The child must be receiving services on an inpatient basis.

5 **Residential Facility**: Residential program refers to a treatment facility which is not primarily medical in nature, where the infant or toddler currently resides in order to receive early intervention services.

6 **Service Provider Location**: Provider location services are provided at a center, clinic, or hospital where the infant or toddler comes for short periods of time (e.g., 45 minutes) to receive services. These services may be delivered individually or to a small group of children.

7 **Other Setting**: Any service setting not included in the settings or programs listed above. For example, if the only component of the infant's early intervention services is parent counseling during which the child is not present and the child receives no direct service, count as "other."

Note that children are to be counted according to the type of program being received at a facility, not the type of facility. For example, children in a program designed for children with developmental delay or disabilities operated at a hospital should be counted under "program designed for children with developmental delay or disabilities." Children who receive physical therapy at a hospital on an outpatient basis should be counted under "service location provider." Children who are patients in a hospital should be counted under "hospital."


(please list)

8. Medically Fragile

(Does this child meet the definition of medically fragile as defined in Section 7 of the instructions?)

☐ Yes ☐ No

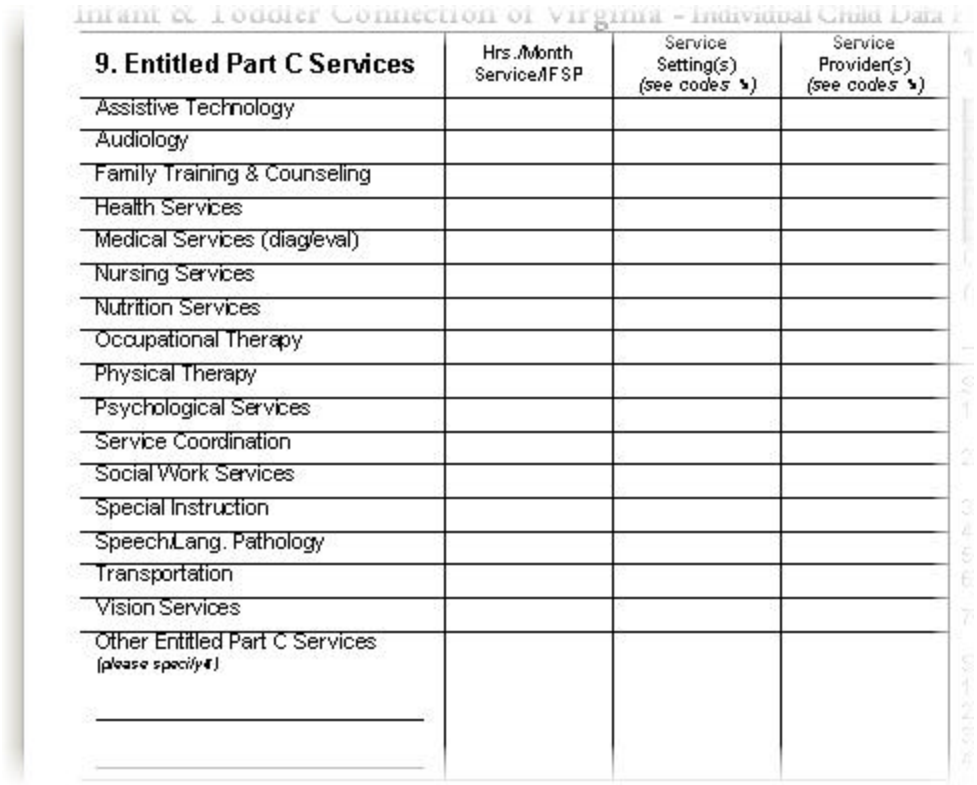
DMH 699 E 1137 12/01

8. Medically Fragile:

As a result of the Governor's initiative on early intervention, we have been requested by the Secretary of Health and Human Resources to track the number of children who are medically fragile. You are requested to indicate whether or not a child meets the following criteria:

Children who are medically fragile are those who have a chronic condition and/or who require technology or ongoing support to prevent adverse physical consequences. These children require varying levels of services including:

- Children with one or more conditions which require continuous, ongoing specialized health care procedures. These procedures include but are not limited to:
  - mechanical ventilation
  - continuous administration of oxygen
  - continuous cardio-pulmonary monitoring
  - a combination of procedures such as tracheostomy care, gastrostomy feeding and tube care, administering supply of oxygen and chest and physical therapy and suctioning.
- Children who require an intermittent specialized health care procedure or procedures. These procedures include but are not limited to:
  - nasogastric feedings
  - gastrostomy feedings
  - parenteral nutrition
  - oral feedings where a documented risk of aspiration exists
  - oral, nasal and pharyngeal suctioning
  - tracheostomy care
  - urinary catheterization
  - ostomy care
  - medication via injection, inhalation or complex regimens.
- Children with identified conditions of unusual severity who require specialized services for the care of acute episodic problems with the potential for the occurrence of a medical crisis. These conditions include but are not limited to:
  - uncontrolled seizure disorders
  - unstable diabetes
  - poorly controlled asthma (reactive airway disease)
  - allergies with history of anaphylaxis.



Infant & Toddler Connection of Virginia - Individual Child Data

9. Entitled Part C Services	Hrs./Month Service/IFSP	Service Setting(s) (see codes ↘)	Service Provider(s) (see codes ↘)
Assistive Technology			
Audiology			
Family Training & Counseling			
Health Services			
Medical Services (diag/eval)			
Nursing Services			
Nutrition Services			
Occupational Therapy			
Physical Therapy			
Psychological Services			
Service Coordination			
Social Work Services			
Special Instruction			
Speech/Lang. Pathology			
Transportation			
Vision Services			
Other Entitled Part C Services (please specify) _____ _____			

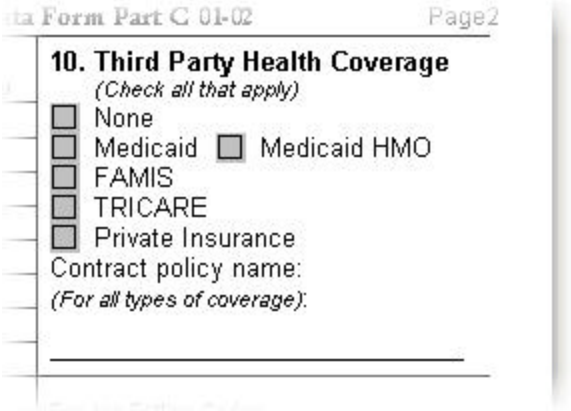
9. Entitled Part C Services:

Federal reporting requirements require states to report the number of Part C eligible children receiving the various entitled early intervention services as reported on the IFSP. As Virginia fully implements Part C requirements, documentation of service needs is critical for state planning purposes and to meet requests by the Joint Legislative Subcommittee Studying Early Intervention for Infants and Toddlers with Disabilities. Local councils are requested to provide specific information on the intensity of each entitled service as listed on the IFSP. Under full implementation of the Part C program, it is assumed that all entitled services listed on the IFSP will be provided. Based upon feedback received from regional work sessions in Spring 1993, documentation of the service setting for each entitled service is being requested. To promote ongoing support of local interagency coordinating councils and their efforts, statewide documentation of interagency sharing of service provision is essential. Documentation of the agency or agencies that are providing services to each child and family is also requested. Local councils are requested to complete the Entitled Part C Services matrix according to the following instructions:

- Please indicate in column one the **HOURS PER MONTH THE SERVICE IS NEEDED AS LISTED ON THE IFSP**. This information should be taken directly from the child's IFSP. You are requested to interpret from the IFSP that the professional responsible for the outcome is translated as the service provided on the child data form. This "rule" should be followed for all services except assistive technology, transportation, and special instruction. Please remember not to fill in the space with a "0" if no services are needed. Please enter the exact number of hours per month a service is to be provided as listed in the child's IFSP. If a child's IFSP indicates a service is provided "periodically" or "as needed (PRN)", please document by using an "**U**" or a "**X**". You are requested to record the service based upon who is providing that service. For example, an educator might be providing services based on a transdisciplinary model and is, therefore, addressing motor outcomes with consultation from a PT. The service provided by the educator is not listed as PT. Since there is consultation by the PT, that service would be marked with an "**U**" or a "**X**".

- Indicate in column two the **SERVICE SETTING(S)** in which the Part C entitled service is provided. Multiple service settings may be recorded for each service if the same service is provided in various settings. Use the appropriate code(s) from the list provided on the Individual Child Data Form.
- Indicate in column three the **SERVICE PROVIDER(S) PROVIDING THE SERVICE**. Multiple service providers may be listed if more than one provider provides the service. Use the appropriate code(s) from the list provided on the Individual Child Data Form.

Definitions for each of the services are contained in Attachment 3 of these instructions. Examples of when services are considered Part C entitled services are also enclosed in Attachment 4.


Form Part C 01-02 Page2

10. Third Party Health Coverage

(Check all that apply)

☐ None
☐ Medicaid ☐ Medicaid HMO
☐ FAMIS
☐ TRICARE
☐ Private Insurance

Contract policy name:
(For all types of coverage):

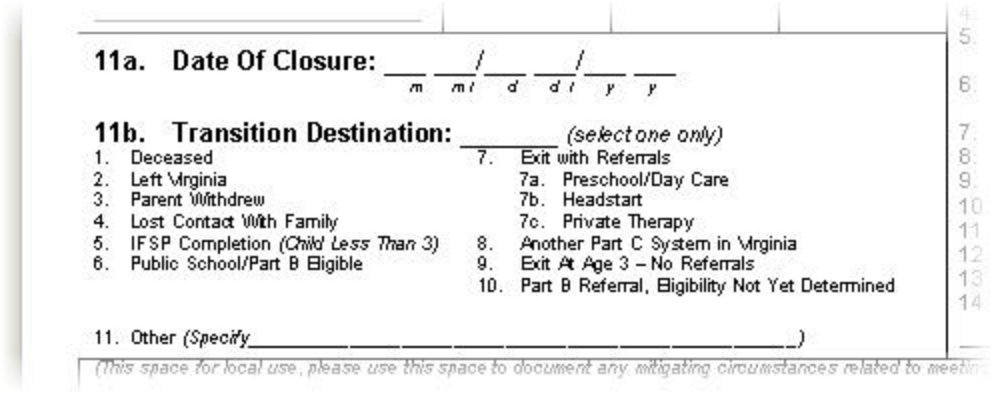
10. Third Party Health Coverage:

Data has been requested which will help to plan for assessing potential impact of legislative changes on private insurance and other third party coverage for early intervention services. Please mark (**U** or **X**) the box for the type of health care coverage for each infant and toddler birth through age two who is eligible for Part C services — ***regardless of whether or not the insurance covers the service or the family has agreed to have their insurance billed***. For this section, please check all that apply.

None: This selection is for children who have no third party coverage for Part C services.

Medicaid: This includes coverage under basic Medicaid.
Medicaid HMO: This includes coverage under Medallion I and Medallion II.
FAMIS: This includes children enrolled in the state health insurance program.
Private Insurance: This includes coverage through private health care insurers, private ( ) HMOs and the State Health Benefits Plan.
Tricare: The military's health insurance program for children with disabilities.

Contract Policy Name: All types of third party coverage have a variety of contract policies as well as company names. For example, Trigon BC/BS is a company that manages contract policies such as Key Care, Key Advantage, and Healthkeepers, among others. ***Please record contract policies as well as the company name.*** Please record both in the space provided for all types of third party health coverage.



11a. Date Of Closure: ___ ___/___ ___/___ ___
m m / d d / y y

11b. Transition Destination: _____ *(select one only)*

1. Deceased
2. Left Virginia
3. Parent Withdrew
4. Lost Contact With Family
5. IFSP Completion *(Child Less Than 3)*
6. Public School/Part B Eligible
7. Exit with Referrals
   - 7a. Preschool/Day Care
   - 7b. Headstart
   - 7c. Private Therapy
8. Another Part C System in Virginia
9. Exit At Age 3 – No Referrals
10. Part B Referral, Eligibility Not Yet Determined

11. Other *(Specify*_____*)*

(This space for local use, please use this space to document any mitigating circumstances related to meeti

Sections 11a. and 11b. request information which will be collected as infants and toddlers transition out of Part C.

11a. Date of Closure:

For children closed to Part C services, please indicate the date of closure. For those children who remain in the Part C system until their third birthday, please use their birthday as the date of closure. For all other children please note the date they exit the program as designated on the IFSP.

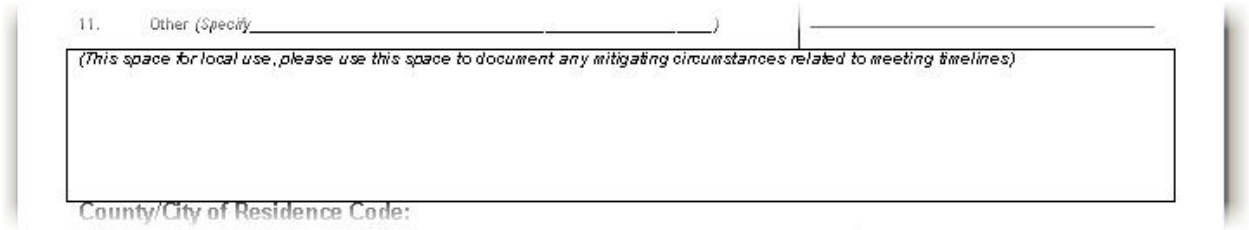
11b. Transition Destination:

General Instructions:

1. Infants and toddlers reported should be those who exited Part C services during a 12 month period
2. The reporting period to be used is from 12/2 to 12/1 of the reporting year.
3. Report only children from birth through age 2 (up to their third birthday) at the time of exiting who had an active IFSP in place at some point in time during the reporting period.
4. Do not count a child as having exited Part C when services were temporarily suspended (i.e., parent temporarily removed the child for a period of time during which services were not received) and subsequently resumed before the end of the reporting period.
5. Do not count a child as having exited Part C if the child had an active IFSP in place at the end of the reporting period, even if services were intermittently stopped during the 12 month period.
6. Counts must be unduplicated. If a child exited more than once during the reporting period, and exited again at the end of the reporting period, count only the last time the child exited (i.e., count the child in the category that corresponds to the most recent reason for exit).
7. All children who exited Part C during the reporting period should be counted in one of the categories on this table.

Please use the following codes to indicate transition destination. In order to report this data as required to the federal government, identify the primary transition destination (e.g., only one).

Code	Term	Definition
1	Deceased**:**	The infant has died. Include all children who died during the reporting year, even if their death occurred at the age of exit.
2	Left Virginia:	The infant and family have moved to another state or country. Do not report a child who moves within State (i.e., from one program to another) and services are known to be continuing.
3	Parent/Guardian Withdrew**:**	The child has been evaluated and an IFSP has been developed. The parent has chosen to withdraw the family from Part C services and provided written or verbal indication of withdrawal from services.
4	Lost Contact With Family	Repeated attempts to contact or provide services to family and child were unsuccessful . Include all children who have not reached the maximum age of service under Part C. Include in this category any child who exited the Part C program before reaching maximum age, and who has not been counted in other categories.
5	IFSP Completion (Child less than 3):	The infant in question no longer has a developmental delay, atypical development or a diagnosed disabling condition and is no longer eligible for Part C services. They are less than three.
6	Public School/ Part B Eligible	The child has been referred to and is eligible ( ) the public school Part B program ( ).
7	Exit with referrals: 7a Preschool/ Day Care 7b Head Start 7c Private Therapy	Use one of these codes when the child is no longer age eligible for Part C and has been referred to a preschool, day care, or Head Start facility or program. Include all children who reached maximum age for Part C services, were determined not eligible for Part B, and were referred to another program.
8	Another Part C System in Virginia:	The family is moving within Virginia and will be receiving services within another Part C system.
9	Exit At Three – No Referrals	The child is no longer eligible for Part C. No further referral is necessary. Include all children who reached maximum age for Part C services, were not eligible for Part B services, successfully completed their IFSP, and no longer required services.
10	Part B Referral, Eligibility Not Yet Determined:	The child has been referred to the public school Part B program but eligibility has not been determined.
11	Other :	Use this category for children who do not fit into any other of the previous categories. Please specify the transition destination.



This space reserved for Local Use:

From time to time localities have mentioned that they have certain specific information that they would like to track on the Individual Child Data Form i.e. reevaluation date, setting for assessment etc. This section is reserved for any purposes that data managers see fit. This also would be the place to note any mitigating circumstances that would have delayed the development of the IFSP.

ATTACHMENT # 1
Interpretation of Eligibility Criteria for Part C

The following information is designed to provide early intervention service providers with interpretation of the criteria used in determining eligibility for Virginia's Part C Program.

>25% deficit based on adjusted age: adjusted age is determined by subtracting actual gestational age (weeks) at birth as determined by expected date of confinement (EDC, i.e., due date) or Dubowitz (or Ballard, a modification of the Dubowitz exam) from 40 weeks (normal term gestation). This value is then added to the actual birth date to determine the adjusted birth date. For example, an infant born at 36 weeks is 4 weeks early. If the birth date is 1/12/96, the adjusted birth date would be 4 weeks from the date, or February 8, 1996.

A. Cognitive development refers to intellectual development
B. Fine motor refers to use of the hands, and hand-eye coordination
C. Gross motor refers to locomotion, and the ability to move and support oneself (sit, roll, walk)
D. Speech and language refer to the development of both expressive and receptive speech
E. Psycho-social, emotional includes behavioral responses, interpersonal skills
F. Self-help refers to the ability to care for oneself

Atypical development: Refers to patterns of development that are clearly abnormal but do not necessarily result in a developmental deficit of 25%

Seizures/significant encephalopathy: Seizures are listed three separate times as an indication for referral. In this instance, the seizures must be accompanied by evidence of alterations in brain function that impair normal mentation and responses to stimulation such as coma, hallucinations.

Significant CNS anomaly: This refers to an anatomical abnormality that is known to be associated with future developmental abnormalities such as agenesis of the corpus callosum, hydrocephalus, encephalocele.

Grade III IVH with hydrocephalus: Grade III intraventricular hemorrhage is defined as blood in the ventricles with evidence of ventriculomegaly. Hydrocephalus refers to enlargement of the ventricles that develops as a complication of the bleed and is felt to be due to abnormal reabsorption of cerebrospinal fluid. The hydrocephalus may be static or may increase requiring intervention.

Grade IV IVH: A grade IV bleed is defined as both a bleed into the ventricles and a bleed into the parenchyma of the brain itself. These may or may not be associated with hydrocephalus. The area of intra parenchymal bleed normally results in necrosis of brain cells and will ultimately be a porencephalic cyst or empty space.

Congenital infection, symptomatic: This refers to an infection that developed in utero and may manifest at birth, in infancy, or in childhood. The most common diseases in the category are the TORCHS infections; toxoplasmosis, rubella, CMV, herpes, syphilis. The word symptomatic means that there are stigmata of the infections on exam which may include growth retardation, abnormal blood studies and/or organ involvement.

Toxic exposure, in utero to include fetal alcohol syndrome, drug withdrawal, and others (anticonvulsants, anticoagulants): In these cases there must be evidence of an abnormality in the infant that is a direct result of the toxic exposure.

Myelodysplasia: This term is synonymous with spina bifida and/or meningomyelocele.

Hearing loss: The definition does not define the degree of hearing loss that meets the criteria for referral. Hearing loss must be diagnosed by a licensed audiologist.

Visual disabilities: The most common visual disturbance in young infants associated with visual impairment is retinopathy of prematurity (ROP). All pre-term infants who have received oxygen therapy are screened for this disorder. The diagnosis of visual impairment must be made by an ophthalmologist.

Chromosomal abnormality: This includes any diagnosed abnormality of chromosome number of length.

Brain/spinal cord trauma with abnormal exam at discharge: Trauma to these areas could include such diagnoses as hemorrhage, swelling. In this instance there must be continued evidence of neurologic dysfunction at the time of discharge to qualify.

Inborn error of metabolism: These diseases are rare and are diagnosed with special tests including the state screen (PKU, Maple Syrup Urine Disease, Biotin deficiency, congenital hypothyroidism). Other diagnostic tests may include the urine for metabolic screen and/or the urine for organic acids.

Microcephaly: This is defined as a head circumference that is less than the 10th percentile for gestational age.

Severe attachment disorder: This refers to a mental and emotional condition occurring in the first two years of life that causes a child not to bond or to trust his primary caretaker.

Failure to thrive: This is defined as a failure to achieve expected growth for age. The causes are multiple with the most common being psycho-social.

ATTACHMENT #2
Interpretation of Risk Factors

Maternal age 15 years: This age refers to the mother's age at time of birth of the infant.

Birth weight 1500 grams: This will be the single largest group identified for tracking. These infants will frequently have other diagnoses identified in both the referral and tracking indicators.

Prematurity – Gestational Age: Identify each child by their gestational age.

a. Less than 28 Weeks
b. 28-31 weeks
c. 32-37 weeks

Apgar 0-3 at 5 minutes: The apgar score is assigned at birth with a maximum of 2 points for each of the following: appearance (color), pulse (heart rate), grimace (reflex irritability, cry), activity (muscle tone), and respiratory effort. A score of 0-3 at 5 minutes indicates problems with establishing normal respiratory and cardiovascular stability and the continued need for resuscitative efforts. Also included in this category would be severe depression at birth which may include a failure to initiate spontaneous respiration at 10 minutes or severe hypotonia persisting to 2 hours of age.

Persistent pulmonary hypertension: This diagnosis refers to a condition in which the normal relaxation of the pulmonary vascular bed does not occur. The infants experience profound problems with oxygenation. The treatment frequently includes hyperventilation and metabolic alkalosis. Long term studies have found a higher incidence of developmental difficulties and hearing loss in these infants.

Hyperbilirubemia, exchange transfusion: Exchange transfusions are infrequently needed for the control of hyperbilirubemia. They are required when the levels of bilirubin reach a critical level beyond which brain damage is a risk.

Periventricular leukomalacia: PVL is an ischemic lesion leading to areas of necrosis in the white matter of the brain. On ultrasound they appear as cysts in the brain. They have a high association with developmental delay.

Documented Systemic infection, documented congenital or acquired: This definition covers a whole host of infections including bacterial, viral, and fungal. In each case there should be laboratory proven infection by culture.

SGA (10%): The term means small for gestational age and is often referred to as intrauterine growth retardation (IUGR). There are many causes including infections, maternal disease, toxins, and vascular problems affecting the placenta. On the initial exam each infant's weight, length and head circumference are plotted. For tracking, weight less than the 10% is an indicator for enrollment.

Major congenital anomaly: This refers to any significant abnormality in the anatomical development of the infant with the exception of CNS anomaly (see indicators for direct referral). The abnormality can also include pre-auricular pits and tags.

Maternal Conditions During Pregnancy: Include incidences such as accidents, phenylketonuria (PKU, this rare condition can affect the in utero development of the baby and requires that the mother maintain her special diet throughout pregnancy), maternal diabetes or sickle cell

Family history of childhood deafness/blindness: The concern in this case is that there is a genetic predisposition for this infant/toddler to develop a visual or hearing problem.

Meningitis: This refers to a laboratory proven infection in the cerebrospinal fluid. It includes bacterial, viral and fungal causes.

Lead poisoning: Lead poisoning is diagnosed by blood lead levels in the toxic range. Toddlers are most at risk as a result of pica (eating paint chips contaminated with lead).

Seizure disorder, excluding febrile: This refers to seizures diagnosed in infants/toddlers beyond the newborn period. Febrile seizures are excluded as they do not have an association with later developmental problems.

Lack of well child care: This refers to infants that have been either evaluated only for acute illness or who have had no health care. In the majority of instances, these infants will have had no immunizations.

Severe chronic illness: Any illness which significantly affects the infant's/toddler's quality of life or life expectancy. This could include asthma, cystic fibrosis, congenital heart disease, orthopedic problems, etc.

Diagnosed genetic disorder: This refers to any number of disorders known to be genetically determined but without an abnormality in chromosome number or length (see direct referral indicators).

Founded Child abuse/neglect: The medical staff and/or child protective services prior to enrollment must confirm this diagnosis.

Severe Parenting Risk Factor: Document incidences of the following:

a. Mental illness
b. Mental retardation
c. Physical disability
d. Substance Abuse

Environmental or social risk factor:

a. Lack of adequate shelter. This refers to situations where the parent has no permanent housing.
b. Domestic violence

Following are two examples of other risk factors.

Lack of familial support system: This refers to situations where the mother has minimal or no other support persons available to assist her in the care of the infant/toddler.

Difficulty in providing basic parenting: This indicator refers to any number of difficulties which have the potential to adversely affect the parent(s) ability to effectively care for the infant/toddler. It incudes significant life stresses such as death, handicaps (visual, hearing, orthopedic, etc), unemployment, divorce, abandonment, incarceration. It also includes problems such as psychiatric disorders, depression, alcohol and/or other drug use.

ATTACHMENT # 3
Service Definitions

Assistive Technology Services means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology devise. Assistive technology services include:

- The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- Selecting, designing, fitting, customizing, adapting, maintaining, repairing or replacing of assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a child with disabilities or, if appropriate, that child's family;
- Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

Assistive Technology Devices are any items, pieces of equipment, or product systems, whether acquired commercially off the shelf, modified, or customized, that are used to increase, maintain, or improve functional capabilities of children with disabilities.

Audiology includes:

- Identification of children with auditory impairment, using at risk criteria and appropriate audiological screening techniques;
- Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- Provision of services for prevention of hearing loss; and
- Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

Family Training, Counseling, and Home Visits includes services provided, as appropriate, by social workers, psychologists, or other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development.

Health Services mean services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.

- The term includes:
  - Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
  - Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.
- The term does not include services that are:
  - Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
  - Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicines or drugs for any purpose).
  - Devices necessary to control or treat a medical condition.
  - Medical-health services (such as immunizations and regular well baby care) that are routinely recommended for all children.

Medical Services only for Diagnostic or Evaluation Purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

Nursing Services include:
- The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- Administration of medications, treatments, and regimens prescribed by a licensed physician.

Nutrition Services include:
- Conducting individual assessments in:
  - Nutritional history and dietary intake;
  - Anthropometric, biochemical, and clinical variables;
  - Feeding skills and feeding problems; and
  - Food habits and food preferences.
- Developing and monitoring appropriate plans to address nutritional needs; and
- Making referrals to appropriate community resources to carry out nutrition goals.

Occupational Therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:
- Identification, assessment, and intervention;
- Adaptation of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

Physical Therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
- Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction;
- Obtaining, interpreting, and integrating information appropriate to program planning and to prevent, alleviate or compensate for movement dysfunction and related functional problems; and
- Providing individual or group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Psychological Services include:
- Administering psychological and developmental tests, and other assessment procedures;
- Interpreting assessment results;
- Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
- Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

Respite Care includes temporary child care services that are short-term and non-medical in nature, provided either in or out of the home. These services are designed to provide temporary relief to the primary care giver.

Service Coordination includes assistance and services provided by a service coordinator to assist and enable an eligible child and family to receive the rights, procedural safeguards, and services that are authorized to be provided under Virginia's early intervention program. The service coordinator is a qualified professional, paraprofessional, public employee, or private provider who is responsible for

assisting and enabling the child/family to receive rights, procedural safeguards, and early intervention services that are authorized by the Commonwealth of Virginia.

Social Work Services include:
- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- Preparing a social or emotional developmental assessment of the child within the family context;
- Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
- Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

Special Instruction includes:
- The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- Curriculum planning, including the planned interaction of personnel, materials, time, and space, that leads to achieving the outcomes in the child's individualized family service plan;
- Providing families with information, skills, and support related to enhancing the skill development of the child; and
- Working with the child to enhance the child's development.

Speech-Language Pathology includes:
- Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

Transportation and Related Costs include the cost of travel (e.g. mileage or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable eligible children and their families to receive early intervention services.

Vision Services include:
- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

Other Entitled Part C Services are those services that may be entitled but not listed above. Please specify.

ATTACHMENT #4
Part C Services: Examples

: Part C services are designed to meet the **developmental** needs of the eligible child and the needs of the family related to enhancing the child's development. IFSP outcomes for each child and family are determined by team consensus. When recording a Part C service on the Individual Child Data Form it should be recorded according to the professional who provides the service (i.e. if the team decides that the child's motor outcomes will be addressed by the speech therapist then speech therapy would be the service recorded on the data form).

Since it is difficult to describe what always is or always is not a Part C service, this attachment provides specific scenarios as examples of when a service probably is or probably is not a Part C service.

Assistive Technology Services

The purchase of an adaptive seat for use at snack time in order to work on a child's IFSP outcomes related to self-feeding and social interaction with peers would be a Part C service. A computer specialist providing training to a child's parents and early intervention providers around an adaptive computer system to be used by this child in establishing cause and effect understanding, an objective identified on the IFSP, would also be a Part C service.

Purchasing a computer and adaptive peripherals for a child with delays only in social and emotional development whose IFSP outcomes relate to increased interaction with peers would not be a Part C service.

Audiology

Audiology might be listed as a Part C service when an audiologist is to evaluate a child with hearing loss to determine appropriateness of hearing aids or when an audiologist provides training to a day care provider in use and care of hearing aids for a particular child at parent's request since this is where the child receives most of his Part C services.

In most cases, routine follow up visits to the audiologist that are not made by specific referral of the local Part C system and that do not relate to the outcomes on a child's IFSP will not be Part C services. The placement of tubes in a child's ears is a medical procedure and is not a Part C service.

Family Training, Counseling and Home Visits

A mother with mental retardation who has identified a need to learn how to play with her new baby who was born prematurely attends a series of parenting classes offered by the CSB and designed to teach parents developmentally appropriate activities to use at home with infants and toddlers. This could be a Part C service since it is meeting an outcome identified in the IFSP process. Another example of a Part C service might be a teenage father who has custody of a child with a disability and receives monthly home visits from a public health nurse who provides information about the child's medical condition and its impact on the child's development. If a family requires counseling services to assist the family in understanding their child's special needs, then a "social services outcome" (Outpatient Rehabilitation Provider term) is included on the IFSP and that services is listed as "Family Training, Counseling and Home Visits" (see IFSP Instructions for more information).

Counseling for a sibling who had a diagnosed emotional or behavioral condition prior to the birth of a sibling with a disability would probably not be a Part C service since it is unrelated to enhancing the development of the Part C eligible child.

Health Services

Consultation by a neurologist about the need to protect a child's head from injury during grand mal seizures that may occur during his participation in day care (where most Part C services are being provided) and how to monitor and time seizures that do occur is an example of a Part C service.

Routine, medical follow-up through the Cardiac Clinic for a child with a congenital heart condition; the purchase or lease of an apnea monitor, suctioning pump, or other purely medical equipment; and the cost of a physician's time to review records of Medicaid eligible children would not be considered Part C services.

Medical Services only for Diagnostic or Evaluation Purposes

A developmental pediatrician completing a developmental evaluation as part of the local Part C evaluation team to determine Part C eligibility. Another scenario in which a medical service would be considered a Part C service is an orthopedist evaluating a child's hips for possible dislocation at the PT's request in order that appropriate outcomes and services can be planned with the family.

Lab work -- lead screening, urine screen, etc. -- for medical care is not a Part C service. Follow-up evaluations scheduled by the developmental pediatrician (who did the initial Part C evaluation) for medical care purposes and for which the family was billed would not be a Part C service.

Nursing Services

A nurse accompanies a child to a neighborhood play group, a service listed on the child's IFSP, in order to monitor the child's ventilator and to ensure availability of CPR-trained personnel during his participation in the group might be a Part C service since it is necessary in order for the child to benefit from another Part C service. Another example of a Part C nursing service is the case in which a home health nurse is present during home visits by PT in order to provide suctioning and to monitor the heart rate of the child (who was recently discharged from the NICU) during therapeutic interventions.

In the situation described above in which the home health nurse provides a Part C service during PT, any other hours per day that the nurse is in the home providing nursing care would not be a Part C service (for instance, full-day home health nursing). A program nurse administering medication for a cold to a child who is Part C eligible only because of atypical behavioral/emotional development (no health concerns) would not be a Part C service.

Nutrition Services

The nutritionist develops a feeding plan for use at home and day care (both sites of Part C services) for a child diagnosed with failure to thrive and provides consultation to parents and day care staff, as needed, to carry out the plan -- in this scenario, this is a Part C service.

WIC is not a Part C service (even though under Part C service coordination, the service coordinator might assist the family in applying for WIC). Cooking classes would generally not be a Part C service, but could be if there was a need for a family to learn to prepare meals for a child on a very restricted diet.

Occupational Therapy

Examples of Part C services provided by an OT include direct therapy, consultation to parents and other early intervention providers on a monthly basis related to promoting feeding independence, and adapting toys in a child's home in order to allow a child with poor motor control to demonstrate his age-appropriate cognitive skills and to continue developing new skills

It is possible that a child could benefit medically from OT 3 days/week but not require that intensity of service in order to reach the outcomes identified in the process of developing the IFSP (only needs therapy once a week to reach outcome). In this situation, any OT provided above the once a week would not be an entitled Part C service.

Physical Therapy

Part C services provided by a PT might include direct therapy; consulting with staff providing group swimming lessons at the community center to assist them in understanding the needs and IFSP motor outcomes for a Part C eligible child enrolled in the lessons; and providing home visits to assist a family in enhancing their premature baby's gross motor and muscle tone development through/during daily activities (diapering, lifting, etc).

See Occupational Therapy for a description of when PT might not be a Part C service.

Psychological Services

A father shares with the rest of the IFSP team that he is concerned that the stress related to the birth of his son who is physically disabled is affecting his marriage and ability to care for the child and requests some help. A Part C service to address this need might be participation in a weekly, 6-week long father's coping group lead by a psychologist.

A parent's inpatient treatment for depression (treatment began prior to entry into the Part C system) is not a Part C service.

Service Coordination

Assisting a family to complete paperwork for public assistance, referring a family to the appropriate agency for help with housing, and accompanying the family to Part B eligibility at their request are just a few examples of Part C service coordination.

Social Work Services

A social worker consulting with a family and early intervention providers about safety issues in the home that hinder the ability of staff to provide home-based services as requested by the family would be a Part C service. Another Part C service that could be provided by a social worker is identifying and coordinating resources that can assist in paying for an assistive technology device.

A social worker visiting the home to investigate a CPS complaint is not a Part C service.

Special Instruction

Part C special instruction examples include the special educator team "teaching" with the day care center teacher in order to meet the outcomes of several infants with cognitive delays who are being served in their natural environment or an educator providing monthly home visits in order to provide parents with information about meeting the cognitive needs of their child at home without having to buy "special" toys.

Speech-Language Pathology

Speech-language pathologists might provide Part C services through direct therapy; spending time with a child and providing consultation to staff at the preschool where the child attends a program for 2-year-olds in order to address an IFSP outcome for the child to generalize communication skills from home to school and other social settings; or teaching the parents of a specific child several "exercises" to do with their child before meals in order to improve oral-motor functioning.

Also see Occupational Therapy for examples of when speech-language pathology might not be a Part C service.

Transportation

Part C transportation service scenarios include reimbursement of a neighbor to transport a family of an eligible child to a Part C audiological evaluation at the hospital (the equipment necessary for the evaluation is not transportable so the service must be provided in this setting.

Transportation to well-baby clinic or to any service not listed under "(Entitled) Early Intervention Services" on that child's IFSP is not an entitled Part C service.

Vision Services

When a vision specialist from Dept. for the Visually Handicapped consults monthly with the family and staff regarding a child who is legally blind or a vision specialist participates in transition planning at the parent's request these are Part C services.

An appointment with an optometrist to get glasses is not a Part C service.

Other Entitled Part C Services

A team re-evaluation/assessment needed because a medical crisis has significantly altered the child's developmental status, a family support group (that is not for family training or counseling), provision of information to families (re: transition, medical condition, etc.), and recreation ~~or~~ are possible other entitled Part C services.

Any service or care received through a medical clinic for a chronic condition (e.g. cystic fibrosis, seizures, sickle cell anemia), or day care that is unrelated to the child's IFSP outcomes or services are generally not Part C services.

In-home respite care for a single mother of an eligible child who has identified a need to get out of the house and have time to herself once a month in order to be optimally engaged in assisting her child to meet developmental outcomes might be a Part C service.

A Mothers' Morning Out that is available once a week for all families enrolled in Part C is not a Part C respite care service for all of those families. It would only be a Part C service for those whose IFSP identified this need.

ATTACHMENT #5

"Other" Diagnosed Disabling Conditions:

In developing the state definition of eligibility, Virginia recognized that there are many other medical conditions which sometimes result in developmental delay or increase the risk of developmental delay. Virginia's definition differentiates these as being risk factors, rather than diagnosed disabling conditions. Part C Office compiled a list of all conditions listed under "other" on Individual Child Data forms in 1995. These other conditions are discussed below under several headings which describe how they actually should fit on the child data form and in the determination of Part C eligibility. However, please note that with any situation in which discretion is left to the locality and only limited information is available to analyze, it is very difficult to state absolutes (e.g. this condition always goes here or never goes there). What follows is a summary related to where each of the listed "other" conditions would **usually** or **probably** fall:

1. Conditions reported as "other" that should be listed as a Diagnosed Disabling Condition.
The physical or mental condition that was listed under "other" actually belongs in one of the 14 conditions already provided on the data form, as follows:

- Significant Central Nervous System Anomaly
  - Agenesis of the Corpus Callosum
  - CMV
  - Dandy-Walker Syndrome
  - Delayed myelinization
  - Fetal Stroke
  - Hydrocephaly
  - Left Arachnoid Cyst
  - Lissencephaly
  - Mobius Syndrome
  - Significant Central Nervous System Anomaly
  - Sturge-Weber Syndrome
  - Symptomatic Congenital Infection
  - Toxoplasmosis
- Inborn Error of Metabolism
  - Congenital Hyperthyroidism
  - Krabbe's Disease
- Seizures/Significant Encephalopathy
  - Infantile Spasms
- Visual Disabilities
  - Albinism
- Chromosomal Abnormalities
  - 18P Syndrome
  - 2-P Syndrome
  - Apert's Syndrome
  - Chondrodysplasia
  - Crouzon's Syndrome
  - Ehlers-Danlos Syndrome
  - Marden Walker Syndrome
  - Osteogenesis Imperfecta
  - Otopalatodigital Syndrome, Type II
  - Prader Willi Syndrome
  - Saethre-Chotzen Syndrome
  - Trisomy 2 with Mosaics
  - Tuberous Sclerosis
  - Turners Syndrome
  - Williams Syndrome
  - Wolf-Hirschorn Syndrome
- Brain or Spinal Cord Trauma
  - Erb's Palsy/Brachial Plexus Injury
  - Left parietal infarct with small subdural hygroma
- Seizures/Significant Encephalopathy
  - Leucoencephalomalcia

2. **Conditions reported as "other" that are most likely listed correctly.**

- Amniotic Band syndrome
- Arthrogryposis
- Autism
- Caudal Regression Syndrome
- Congenital amputee
- Congenital muscle fiber disproportion type
- Congenital myotonic dystrophy
- Muscular dystrophy
- Pervasive Developmental Disorder
- Poland Syndactyly
- Spinal muscular atrophy/ Werdnig-Hoffman

3. "Other" conditions which would be recorded under developmental delay or atypical development categories

- Hypotonia -- atypical development
- Vocal Cord Paralysis -- speech/language development; atypical development

4. "Other" conditions which are considered risk factors rather than diagnosed disabling conditions -- The following would be listed under risk factors on the child data form and would not, by themselves, make a child automatically eligible for Part C services in the absence of developmental delay or atypical development. Please note that some of the following may be symptoms of a diagnosed disabling condition.

- Adrenal hyperplasia
- Bronchopulmonary dysplasia (BPD)
- Burns
- Chronic eczemoid rash
- Chronic Lung Disease
- Cleft palate
- Cleft lip
- Congenital Diaphragmatic Hernia
- Congenital Hip Dysplasia
- Diabetes Insipidus
- DiGeorge Syndrome
- Dwarfism/achondroplasia
- Eating difficulties
- Esophageal atresia
- Heart Defect/Cardiac Condition
- Hirshprung's Disease
- Hyperthyroidism
- Hypoplastic Lungs
- Hypoxia
- Infantile botulism
- IUGR (intrauterine growth retardation)
- Laryngomalacia
- Leukemia/Acute Lymphocytic Leukemia
- Liver Failure
- Macrocephaly
- Meconium Aspiration
- Meningitis
- Most tumors -- (e.g. cystic hygroma, lymphangioma, nephroblastoma, non-Hodgkins lymphoma)
- Oculoaricular Vertebral Syndrome (may be eligible under congenital or acquired hearing loss if that is present)
- One Lung
- Periventricular leukomalacia (PVL)/periventricular cysts
- Pseudo Obstruction Syndrome
- Reflux Disorder/Gastroesophageal reflux
- Renal Disease, end stage
- Scoliosis
- Shaken Baby Syndrome (could be a diagnosed disabling condition if it has resulted in a visual disability or brain or spinal cord trauma with abnormal neurologic exam at discharge)
- Short Gut Syndrome
- Sickle Cell Anemia
- Subglottic Stenosis
- Torticollis
- Total anomalous pulmonary venus return
- Tracheo-esophageal fistula
- VACETRL Association (Vertebral, Anal, Cardiac, Tracheoesophageal fistula, Renal/Radical, Limb Association)

5. "Other" conditions which are actually treatments rather than conditions (these may be treatment for a diagnosed disabling condition which should be listed instead of the treatment, or may be considered risk factors)

- ECMO (Extra Corporol Membrane Oxygenation)
- Peritoneal shunt
- Gastric button
- G-tube
- Tracheostomy

6. "Other" conditions, where it just depends...

- Bihemispheric hematomas -- Could be a diagnosed disabling condition under Brain or Spinal Cord Trauma if there is abnormal neurologic exam at discharge or could be a risk factor under Brain/Spinal Cord Trauma if there is normal exam at discharge
- Cranial Calcification -- this is generally a symptom of some other disease or trauma. Depending upon the cause, this could be listed as a diagnosed condition under brain/spinal cord trauma, symptomatic congenital infection, or other.
- Midline cerebellar epidural hematoma -- same as above
- Right Arm AVM (Arterial Veinous Malformation) with hypertrophy -- depends on the degree of hypertrophy

7. "Other" conditions that are not specific enough as a diagnosis

- neuro-motor disorder

8. "Other" conditions that are neither risk factors nor other diagnosed disabling conditions for eligibility

- RSV (Respiratory Syncytial Virus)

In summary, it is important to remember that the category of eligibility called diagnosed disabling conditions is a limited one with some specific parameters. While IFSP teams are given discretion to identify "other" conditions under this category of eligibility, these "other" conditions must still meet the criteria and parameters outlined in the first paragraph of this response. Many chronic conditions and genetic disorders are more appropriately labeled as risk factors under Virginia's definition. Some children with these risk factors will be eligible for Part C services because of an identified developmental delay or atypical development.

An excellent reference book regarding diagnoses, symptoms and outcomes (which may assist local teams in determining whether and how a medical condition fits within the diagnosed disabling condition category) is available from W.B. Saunders Publishing: Smith's Recognizable Patterns of Human Malformation (5th edition, edited by Kenneth Jones, ISBN #0-7216-6115-7, the cost is about $100).

Infant & Toddler Connection of Virginia – Individual Child Data Form Part C 01-02

1a. Child's Full Name: _____

1b. Individual Child Identification Code: ___ ___ ___ ___

1c. Date of Birth: ___ ___/___ ___/___ ___ (m m / d d / y y)

1d. City/County of Residence Code: _____ ___ *(see back)*

1e. Race Code: _____ **1f. Gender:** ☐ Male ☐ Female

1g. Referral Source Code: ____

1h. Date of Referral for Evaluation: ___ ___/___ ___/___ ___ (m m / d d / y y)

2a. Local Case Number: _____

2b. Person Completing Form: _____

2c. Council Name: _____

2d. ITOTS ID: _____

Individual Child Identification Code Formula:
(1) First letter of last name, (2) Third letter of last name (3) # of letters of last name (up to 9 only), (4) Single birth - use Code A. For twins and other Multiple Births - use Code B for baby 1, use Code C for baby 2, use Code D for baby 3, use Code E for baby 4, use Code F for baby 5.

3. Was Child Evaluated to Determine Eligibility?

☐ **Yes Date Eligibility Determined:** ___ ___/___ ___/___ ___ (m m / d d / y y)

Result:
- ☐ Eval. – Ineligible
- ☐ Eligible/Declined Services
- ☐ Eligible/Will Receive Svcs.
- ☐ Eligible/Chose Other Svcs.
- ☐ Eligible/Unable to Contact

☐ **No**

Reason:
- ☐ Unable to Contact
- ☐ Screened Ineligible
- ☐ Deceased
- ☐ Declined Screen/Eval.
- ☐ Other _____ *(specify)*

Race Codes:
- A = Asian or Pacific Islander
- B = Black/African American
- H = Hispanic
- N = American Indian
- W = White/Caucasian
- O = Other *(Specify)* _____

Referral Source Codes:
1. Community Services Board
2. Local Education Agency
3. Department of Health
4. Department of Social Services
5. Private, Non-profit Organization
6. Hospital
7. Pediatrician/Family Physician Group/Practice
8. Private Therapy
9. Friend/Neighbor/Relative
10. Parent/Guardian
11. Other Referral Source *(List_____)*

4a. Was an IFSP completed for this child? ☐ Yes ☐ No **4b. IFSP Date:** ___ ___/___ ___/___ ___ (m m / d d / y y)

(Document mitigating circumstances related to timelines on back of form)

5a. Developmental Delay ☐ Yes ☐ No
(check all that apply)
- ☐ Cognitive
- ☐ Physical: including fine motor, gross motor, vision and hearing
- ☐ Communication
- ☐ Social or emotional
- ☐ Adaptive

5b. Atypical Development ☐ Yes ☐ No

5c. Diagnosed Disabling Condition *(check all that apply)* ☐ Yes ☐ No
- ☐ 1. Seizures/significant encephalopathy
- ☐ 2. Significant central nervous system anomaly (e.g. cerebral palsy)
- ☐ 3. Severe Grade 3 intraventricular hemorrhage with hydrocephalus or Grade 4 intraventricular hemorrhage
- ☐ 4. Symptomatic congenital infection
- ☐ 5. Effects of toxic exposure including fetal alcohol syndrome, drug withdrawal, exposure to chronic maternal use of anticonvulsants, antineoplastics, and anticoagulants
- ☐ 6. Myelodysplasia (spina bifida)
- ☐ 7. Congenital or acquired hearing loss
- ☐ 8. Visual disabilities
- ☐ 9. Chromosomal abnormalities
- ☐ 10. Brain or spinal cord trauma, with abnormal neurologic exam at discharge
- ☐ 11. Inborn errors of metabolism
- ☐ 12. Microcephaly
- ☐ 13. Severe attachment disorder
- ☐ 14. Failure to thrive
- ☐ 15. Other *(please list_____)*

6. Risk factors *(check all that apply)*
- ☐ 1. Maternal age 15 or less
- ☐ 2. Birth weight less than 1500 grams
- 3. Prematurity – Gestational Age
  - ☐ a. Less than 28 Weeks
  - ☐ b. 28-31 weeks
  - ☐ c. 32-37 weeks
- ☐ 4. Apgar Score of 0-3 at 5 minutes
- ☐ 5. Persistent pulmonary hypertension
- ☐ 6. Hyperbilirubinemia requiring exchange transfusion
- ☐ 7. Periventricular leucomalacia
- ☐ 8. Documented systemic infection, congenital or acquired
- ☐ 9. Small for gestational age (10th percentile or less)
- ☐ 10. Major congenital anomalies, including but not limited to congenital heart disease, and/or cranio-facial anomalies, e.g., ear deformities, cleft palate etc.
- ☐ 11. Maternal conditions during pregnancy such as phenylketonuria (PKU), accidents, maternal diabetes or sickle cell
- 12. Family history of childhood
  - ☐ a. Deafness
  - ☐ b. Blindness
- ☐ 13. Meningitis
- ☐ 14. Lead poisoning
- ☐ 15. Seizure disorder--excluding recurrent febrile seizures
- ☐ 16. Lack of well-child care
- ☐ 17. Severe chronic illness
- ☐ 18. Diagnosed genetic disorders
- ☐ 19. Founded child abuse/neglect
- 20. Severe parenting risk factor
  - ☐ a. Mental illness
  - ☐ b. Mental retardation
  - ☐ c. Physical disability
  - ☐ d. Substance Abuse
- 21. Environmental or social risk factor
  - ☐ a. Lack of adequate shelter
  - ☐ b. Domestic violence
  - ☐ c. Other *(please list_____)*

7. Primary Service Setting *(check only one)*
- ☐ 1. Program Designed for Children with Developmental Delays or Disabilities
- ☐ 2. Program Designed for Typically Developing Children
- ☐ 3. Home
- ☐ 4. Hospital (inpatient)
- ☐ 5. Residential Facility
- ☐ 6. Service Provider Location *(center/clinic/hospital)*
- ☐ 7. Other *(list_____)*

8. Medically Fragile
(Does this child meet the definition of medically fragile as defined in Section 7 of the instructions?)

☐ Yes ☐ No

9. Entitled Part C Services	Hrs./Month Service/IFSP	Service Setting(s) *(see codes ú)*	Service Provider(s) *(see codes ú)*
Assistive Technology			
Audiology			
Family Training & Counseling			
Health Services			
Medical Services (diag/eval)			
Nursing Services			
Nutrition Services			
Occupational Therapy			
Physical Therapy			
Psychological Services			
Service Coordination			
Social Work Services			
Special Instruction			
Speech/Lang. Pathology			
Transportation			
Vision Services			
Other Entitled Part C Services *(please specify\)* _____ _____			

10. Third Party Health Coverage
(Check all that apply)

☐ None
☐ Medicaid ☐ Medicaid HMO
☐ FAMIS
☐ TRICARE
☐ Private Insurance

Contract policy name:
(For all types of coverage):
_____

Service Setting Codes:
1. Program Designed for Children with Developmental Delays or Disabilities
2. Program Designed for Typically Developing Children
3. Home
4. Hospital (inpatient)
5. Residential Facility
6. Service Provider Location
7. Other *(list_____)*

Service Provider Codes:
1. Community Services Board
2. Local Education Agency
3. Department of Health
4. Department of Social Services
5. Department for the Blind and Visually Impaired
6. Department for the Deaf and Hard of Hearing
7. Extension Agency
8. Va. School for the Deaf and Blind
9. Private, Non-profit Organization
10. Hospital
11. Child Care Center and Organization
12. Pediatrician/Family Physician
13. Private Therapy Group/Practice
14. Other Service Provider *(Specify)*

_____

11a. Date Of Closure: ___ ___/___ ___/___ ___
m m/ d d/ y y

11b. Transition Destination: _____ *(select one only)*

1. Deceased
2. Left Virginia
3. Parent Withdrew
4. Lost Contact With Family
5. IFSP Completion *(Child Less Than 3)*
6. Public School/Part B Eligible
7. Exit with Referrals
   7a. Preschool/Day Care
   7b. Headstart
   7c. Private Therapy
8. Another Part C System in Virginia
9. Exit At Age 3 – No Referrals
10. Part B Referral, Eligibility Not Yet Determined

11. Other *(Specify_____)*

(This space for local use, please use this space to document any mitigating circumstances related to meeting timelines)

County/City of Residence Code:

COUNTIES:

001 Accomack
003 Albemarle
005 Allegheny
007 Amelia
009 Amherst
011 Appomattox
013 Arlington
015 Augusta
017 Bath
019 Bedford
021 Bland
023 Botetourt
025 Brunswick
027 Buchanan
029 Buckingham
031 Campbell
033 Caroline
035 Carroll
036 Charles City
037 Charlotte
041 Chesterfield
043 Clarke
045 Craig
047 Culpeper
049 Cumberland
051 Dickenson
053 Dinwiddie
057 Essex
059 Fairfax
061 Fauquier
063 Floyd
065 Fluvanna
067 Franklin
069 Frederick
071 Giles
073 Gloucester
075 Goochland
077 Grayson
079 Greene
081 Greensville
083 Halifax
085 Hanover
087 Henrico
089 Henry
091 Highland
093 Isle of Wight
095 James City
097 King & Queen
099 King George
101 King William
103 Lancaster
105 Lee
107 Loudoun
109 Louisa
111 Lunenburg
113 Madison
115 Mathews
117 Mecklenburg
119 Middlesex
121 Montgomery
125 Nelson
127 New Kent
131 Northampton
133 Northumberland
135 Nottoway
137 Orange
139 Page
141 Patrick
143 Pittsylvania
145 Powhatan
147 Prince Edward
149 Prince George
153 Prince William
155 Pulaski
157 Rappahannock
159 Richmond
161 Roanoke
163 Rockbridge
165 Rockingham
167 Russell
169 Scott
171 Shenandoah
173 Smyth
175 Southampton
177 Spotsylvania
179 Stafford
181 Surry
183 Sussex
185 Tazewell
187 Warren
191 Washington
193 Westmoreland
195 Wise
197 Wythe
199 York

CITIES:

510 Alexandria
515 Bedford
520 Bristol
530 Buena Vista
540 Charlottesville
550 Chesapeake
560 Clifton Forge
570 Colonial Heights
580 Covington
590 Danville
600 Fairfax
610 Falls Church
620 Franklin
630 Fredericksburg
640 Galax
650 Hampton
660 Harrisonburg
670 Hopewell
678 Lexington
680 Lynchburg
683 Manassas
685 Manassas Park
690 Martinsville
700 Newport News
710 Norfolk
720 Norton
730 Petersburg
735 Poquoson
740 Portsmouth
750 Radford
760 Richmond
770 Roanoke
775 Salem
780 South Boston
790 Staunton
800 Suffolk
810 Virginia Beach
820 Waynesboro
830 Williamsburg
840 Winchester

Interagency Agreement

for

Service Delivery for Children
with Disabilities and Their Families

Between

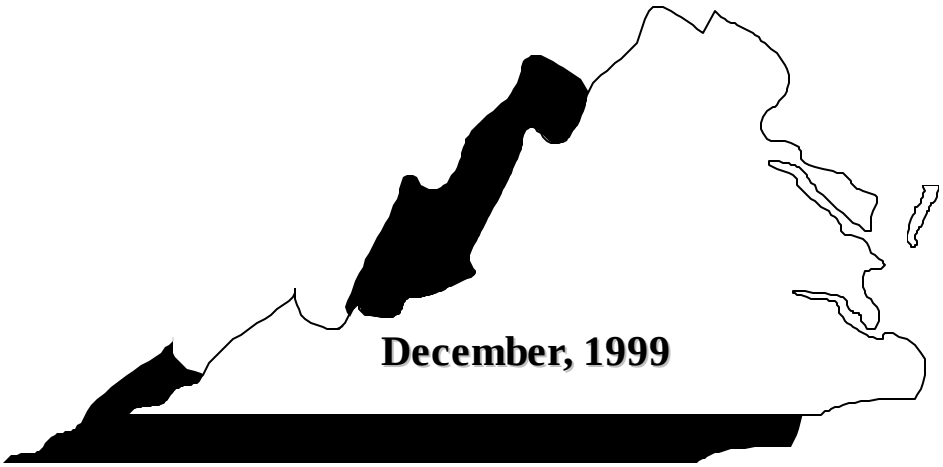
U.S. Department of Health and Human Services
The Administration for Children and Families
Head Start Bureau - Region III and the Migrant Branch

and

The Virginia Department of Education

and

The Virginia Department of Mental Health/Mental
Retardation/Substance Abuse Services



December, 1999

VIRGINIA INTERAGENCY AGREEMENT FOR SERVICE DELIVERY FOR CHILDREN WITH DISABILITIES AND THEIR FAMILIES

EXECUTIVE SUMMARY

PARTIES TO THE AGREEMENT

The parties to the Virginia Interagency Agreement for Service Delivery for Children with Disabilities and Their Families are the U.S. Department of Health and Human Services, The Administration for Children and Families, Head Start Bureau - Region III and the Migrant Branch; the Virginia Department of Education; and the Virginia Department of Mental Health/Mental Retardation/Substance Abuse Services.

DEVELOPMENT OF THE AGREEMENT

This agreement was developed by a workgroup representing all parties to the agreement. A select group of advisors representing multiple agencies and parents provided feedback and input on content. The agreement was then reviewed by key constituents, including providers and consumers of services to young children with disabilities and their families.

PURPOSE AND GOALS OF THE AGREEMENT

The purposes of this agreement are to improve the quality of services for Virginia's children (birth to age five) with disabilities and their families and to promote and encourage collaboration among parties to the agreement and their local counterparts. Legal mandates for this agreement are included. The goals include the following:

- Assist local programs in the delivery of quality services in compliance with federal and state laws;
- Provide a model for local agreements to improve the quality and implementation of local agreements among Parts B & C of the Individuals with Disabilities Education Act (IDEA) and local Early Head Start and Head Start agencies (throughout this document the term Head Start is used to include Migrant Head Start); and
- Promote the provision of services collaboratively to increase cost-effectiveness, reduce duplication of services, and maximize the joint utilization of existing resources.

CONTENT OF THE AGREEMENT

The agreement contains overarching assumptions, areas of agreement, program descriptions, confidentiality, dispute resolution, and terms and review of the agreement. In addition, recommended practices were developed for specific stages of service delivery including Child Find and Screening, Child Evaluation, Determination of Eligibility for Services, Individualized Education Program (IEP) and Individualized Family Service Plan (IFSP) Development and Placement Decisions, Provision of Services, Transition, and Funding. These recommended practices are intended to complement and enhance existing state and federal statutes and regulations governing local programs and services.

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  - Consent to Exchange Information form
  - Head Start requirements for local interagency agreements
  - Workgroup participants

PARTIES TO THE AGREEMENT

The parties to the Virginia Interagency Agreement for Service Delivery for Children with Disabilities and Their Families are the U.S. Department of Health and Human Services, The Administration for Children and Families, Head Start Bureau - Region III and the Migrant Branch; the Virginia Department of Education; and the Virginia Department of Mental Health/Mental Retardation/Substance Abuse Services.

PURPOSE AND GOALS OF THE AGREEMENT

Whereas, the purposes of this agreement are to improve the quality of services for Virginia's children (birth to age five) with disabilities and their families and to promote and encourage collaboration among the parties to the agreement and their local counterparts; and

Whereas, federal statutes and regulations provide: (1) requirements for interagency agreements found in regulations under the Individuals with Disabilities Education Act (IDEA), Parts B and C (20 U.S.C. 1400 et seq.), related to state agreements, and (2) requirements for interagency agreements found in Head Start Program Performance Standards on Services to Children with Disabilities of 1993 (45 CFR 1308) related to local agreements and in Head Start Program Performance Standards of 1996 (45 CFR 1304) related to community partnerships; and

Whereas, the Code of Virginia (§ 2.1-760) establishes the Virginia Interagency Coordinating Council (VICC) and defines the participating agencies and their duties, which includes promoting state interagency agreements. The VICC includes representation by the parties to this agreement; and

Whereas, the Virginia Department of Education's Regulations Governing Special Education Programs for Children with Disabilities in Virginia at § 2.2, K mandated by IDEA, provides that the Department of Education (SEA) shall perform among its functions to "secure agreements from state agency heads regarding appropriate roles and responsibilities for the identification, evaluation, placement, and delivery of education and related services to all children with disabilities."

Whereas, the Head Start Bureau has funded the Region III Disabilities Services Quality Improvement Center to facilitate the development and implementation of state-level interagency agreements between Early Head Start and Head Start programs and the LEAs and Part C providers responsible for assuring the implementation of IDEA [Department of Health and Human Services, Administration for Children and Families, Program Announcement No. 93600-97-2]; and

Whereas, the Federal Interagency Coordinating Council, mandated by IDEA, has demonstrated the importance of interagency collaboration by establishing an agreement among the federal counterparts of the parties to this agreement; *now*

Therefore, the U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Bureau, and the Virginia Department of Education, and the Virginia Department of Mental

Health, Mental Retardation and Substance Abuse Services have entered into an agreement in order to:

- Assist local programs in the delivery of quality services in compliance with federal and state laws;
- Provide a model for local agreements in order to improve the quality and implementation of local agreements among Parts B & C of the Individuals with Disabilities Education Act (IDEA) and local Early Head Start and Head Start agencies (throughout this document the term Head Start is used to include Migrant Head Start); and
- Promote the provision of services collaboratively in order to increase cost-effectiveness, reduce duplication of services, and maximize the joint utilization of existing resources.

OVERARCHING ASSUMPTIONS

We recognize that collaboration among the parties to the agreement is essential to the delivery of quality services for children with disabilities and their parents. Similarly, collaboration among parents and providers is crucial for optimal child growth and development. The intent of collaboration is for children and parents to receive services that respond to the individualized needs of the child, as identified by *both* the parents and other members of the team.

We recognize that parents are responsible for their children and are their source of ongoing support. Head Start and Parts B and C of IDEA assist parents in fulfilling this responsibility. To make effective choices, it is important that family members understand the relevant regulations and policies of the agencies which are parties to this agreement. Parents should have genuine opportunities to receive information and training regarding the regulations, the needs of families of children with disabilities, and becoming an integral member of the team providing services to their families. Parent training is a vehicle to enhance parent involvement and provides a foundation for effective decision making.

Parties to the agreement recognize the need for a culturally diverse and competent service delivery system for children and families and for staff and volunteers to provide services in an acceptable and appropriate manner. To deliver competent services, it is agreed that we must move beyond considerations of ethnicity and national identity and focus on the cultural framework of the family. It is acknowledged that, among other characteristics, culture encompasses language, family traditions, spiritual experiences, attitudes about health, illness, and disabilities, and communication and interactional styles. We are committed to the concept that individuals providing services to children and families will seek to understand not only broad cultural differences but also the uniqueness of families. We are committed to reaching and serving families in their own cultural context and community.

AREAS OF AGREEMENT

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE ADMINISTRATION FOR CHILDREN AND FAMILIES, HEAD START BUREAU

As part of its responsibility under the Head Start Act, the Head Start Bureau shall:

- Ensure that Early Head Start and Head Start programs design comprehensive services which meet program standards for locating and serving children with disabilities and their families, including that at least 10 percent of the enrollment opportunities in Early Head Start and Head Start programs is made available to children with disabilities.
- Encourage Early Head Start and Head Start programs to include representation from local education agencies (LEAs) and early intervention local interagency coordinating councils (LICCs) as members of Head Start Policy Councils and Policy Committees.
- Ensure that Early Head Start and Head Start programs develop local interagency agreements among Early Head Start, Head Start, LEAs, and LICCs.
- Communicate to Early Head Start and Head Start programs the importance of implementing the recommended practices.
- Encourage Early Head Start and Head Start programs to identify needs and access available training and technical assistance for implementing the recommended practices.
- Collaborate with the other parties to this agreement in developing and providing training on the recommended practices.
- Provide for technical assistance to Early Head Start and Head Start programs in understanding and implementing the recommended practices.
- Review the interagency agreement biennially and recommend changes as necessary.

Financial Responsibility

Federal funding from the Head Start Bureau is provided directly to Early Head Start and Head Start grantees and delegate agencies at the local level. In addition, the Head Start Bureau funds multi-state regional Disabilities Services Quality Improvement Centers to enhance the quality of services to children with disabilities and their families by providing training and technical assistance to local programs.

VIRGINIA DEPARTMENT OF EDUCATION

As part of its responsibility for implementing Part B of the Individuals with Disabilities Education Act, the Department of Education shall:

- Ensure that all persons with disabilities from two to 21, inclusive, are identified, evaluated, and have available a free and appropriate public education.
- Encourage LEAs to participate as members of local interagency coordinating councils under Part C of IDEA.
- Encourage LEAs to participate in the development of local interagency agreements among Early Head Start, Head Start, LEAs, and early intervention local interagency coordinating councils.
- Communicate to LEAs the importance of implementing the recommended practices.
- Encourage LEAs to identify needs and access available training and technical assistance for implementing the recommended practices.
- Collaborate with the other parties to this agreement in developing and providing training on the recommended practices.
- Provide for technical assistance to LEAs in understanding and implementing the recommended

practices.
- Review the interagency agreement biennially and recommend changes as necessary.

Financial Responsibility

LEAs receive Part B Flow Through and Section 619 funds from the Department of Education (DOE) to assist in implementing requirements under Part B of IDEA. In addition, DOE funds eight regional centers which provide training and technical assistance to LEAs in special education.

VIRGINIA DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE SERVICES

As Virginia's Lead Agency for Part C of the Individual with Disabilities Education Act, the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) shall:

- Ensure the location, identification, evaluation and provision of early intervention services to infants and toddlers with disabilities who meet Virginia's eligibility criteria under Part C of IDEA.
- Encourage local interagency coordinating councils to include representation from local Early Head Start and Head Start programs and LEAs as members of these councils.
- Encourage local interagency coordinating councils to facilitate the development of local interagency agreements among Early Head Start, Head Start, LEAs, and early intervention agencies.
- Communicate to local interagency coordinating councils the importance of implementing the recommended practices.
- Encourage local interagency coordinating councils to identify needs and access available training and technical assistance for implementing the recommended practices.
- Collaborate with the other parties to this agreement in developing and providing training on the recommended practices.
- Provide technical assistance to local interagency coordinating councils and local participating early intervention providers in understanding and implementing the recommended practices.
- Review the interagency agreement biennially and recommend changes as necessary.

Financial Responsibility

DMHMRSAS provides funding to local interagency coordinating councils for local council operations, Part C systems components and direct service delivery for infants and toddlers with disabilities who meet eligibility criteria for Virginia's Part C early intervention system. In addition, DMHMRSAS funds the provision of technical assistance and training for local interagency coordinating councils and local Part C participating agencies.

DESCRIPTION OF THE HEAD START PROGRAM

Head Start is a federal grant program for young children whose family incomes fall below the federal

poverty level. Although 10 percent of Head Start enrollment may be made up of families whose incomes exceeds that level, "about 95 percent of the children in Head Start programs are from low-income families; about 13 percent of the children have disabilities" (45 CFR Part 1301 et al., 1996, p. 57186). Head Start preschool programs are for children ranging from 3 to 5 years of age. Migrant Head Start programs serve children from birth to age 5. Early Head Start programs are for pregnant women and families with infants and toddlers from birth to age 3.

Federal funds go to local grantees and to their delegates who operate programs in almost every city and county in the state. Grantees include community action agencies, nonprofit agencies, local governments, and school divisions, among others.

Each Head Start and Early Head Start program is unique in reflecting the needs and resources of the community it serves and may include a variety of program options (e.g. home-based, center-based, combination, half-day, full-day, wrap-around with child care, etc.). A community assessment is conducted to assist in determining the program design.

Head Start and Early Head Start programs offer "comprehensive services, including high quality early childhood education, nutrition, health, and social services, along with a strong parent involvement focus. Local Head Start programs work in close partnerships with parents to develop and utilize parents' individual strengths in order to successfully meet personal and family objectives. In addition, parents are encouraged to become involved in all aspects of Head Start, including direct involvement in policy and program decisions that respond to their interests and needs." (45 CFR Part 1301 et al., 1996, p. 57186).

At least 10 percent of Head Start program enrollment opportunities must be made available for children with disabilities. Head Start is mandated to develop and implement local interagency agreements, and there is strong emphasis on working with local school divisions, early intervention service providers, and other agencies to coordinate services for children with disabilities.

DESCRIPTION OF PART B OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA OF 1997)

The legislative authority for Early Childhood Special Education, Section 619 is Part B of the Individuals with Disabilities Education Act (IDEA) of 1997. Section 619 of IDEA provides preschool grant funding for children, ages 3 through 5, who are receiving special education and related services. Annual awards to Virginia are based on a census formula.

Virginia's State Improvement Plan for Special Education 1999-2004 is strategically designed to be an integrated plan to enable children and youth with disabilities to meet the performance goals established by the state. Strategic directions were developed which target three broad areas for improvement: I. To facilitate, in cooperation with local school divisions, an increase in the school completion rate of students with disabilities in the context of higher academic expectations. II. To improve the performance of children and youth with disabilities by enhancing the knowledge, skills, abilities, and performance of personnel who work with children and youth with disabilities. III. To improve meaningful parent/student involvement with

special education services. Embedded within the strategic directions are twenty-nine (29) performance indicators which will provide a basis for changes in activities and will report progress. Virginia's State Improvement Plan links a wide array of activities to state performance goals for the purpose of improving results for children and youth with disabilities. Activities the state will use to address identified needs include, but are not limited to: technical assistance to improve results, professional and parent/student development opportunities, partnership agreements, policies and procedures, and accountability practices.

Seventy-eight percent of the federal preschool grant funding flows to school divisions. School divisions may choose from a range of expenditure categories including instructional materials, transportation, computers, parent services, adaptive equipment, summer programs, classroom furniture, teacher stipends, outdoor equipment, child find, therapy, local networking, diagnostic services, transition, teacher and paraprofessional salaries, integration, salaries for coordinators, and program evaluation.

Preschool grant funds are used for Department of Education administrative expenses. Thus, 4 percent of the grant is allocated for salaries, in-service training, advisory task forces, the Institutions of Higher Education Council for Early Education of Children with Disabilities, and printing and dissemination of documents and materials.

The remaining 18 percent of preschool grant funds are allocated for direct and support services and the development of a comprehensive service delivery system that includes support of regional technical assistance centers and tuition assistance for teachers.

The July 1, 1998, award totaled $8,977,259. Funding to school divisions is based on total school enrollment and poverty factors.

All public school divisions in Virginia offer services to preschoolers with disabilities and are eligible to apply for funding. Based upon the December 1, 1997, child count, 13,804 children ages 3 to 5 with disabilities were receiving services through school divisions. Also 880 additional children younger than age 3 with disabilities were receiving services from public school divisions.

DESCRIPTION OF PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA OF 1997)

Part C of the Individuals with Disabilities Education Act is a federal grant program for infants and toddlers with disabilities. Infants and toddlers with disabilities are children under 3 years of age who need early intervention services because they are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or have diagnosed physical or mental conditions which have a high probability of resulting in developmental delay.

Federal funds go to the Department of Mental Health, Mental Retardation and Substance Abuse Services, Virginia's designated lead agency for Part C. The Code of Virginia has established an Agencies

Committee, composed of the heads of nine state agencies, to ensure the implementation of a comprehensive, interagency system of early intervention services. To ensure local agency coordination and local input into statewide planning and implementation of the Part C program, the lead agency distributes funds to local fiscal agents representing 40 local interagency coordinating councils. Each council is responsible for implementing a system that reflects the needs and resources of the community it serves.

Part C includes public awareness for child find, service coordination for all eligible children and their families, multidisciplinary evaluations to determine initial and ongoing eligibility, and development of Individualized Family Service Plans (IFSPs) at no charge to families. Fees are charged to parents for other services. Ability to pay mechanisms, including sliding fee scales, are available to ensure that inability of parents to pay for needed services does not result in the denial of services. Individualized family service plan teams determine outcomes for children and the services necessary to achieve those outcomes related to the developmental needs of the child. Services are provided by personnel who meet standards consistent with highest entry-level requirements. Services may include but are not limited to assistive technology devices and assistive technology services, audiology, family training and counseling, nutrition services, occupational therapy, physical therapy, speech instruction, transportation and related services, and vision services.

Parents are represented on a state advisory council, and one parent must be a member of each local interagency coordinating council. There is a state interagency agreement among the nine participating state agencies. Local interagency coordinating councils are required to have interagency agreements or memorandums of understanding to promote the interagency system, including provision of services.

CONFIDENTIALITY

The parties to the agreement acknowledge the confidentiality requirements that each agency must follow regarding the sharing and release, with parental consent, of personally identifiable information about children and families. We encourage all three parties to this agreement to use the Consent to Exchange Information form developed by state agencies and approved by the Office of the Attorney General.

DISPUTE RESOLUTION

In the event of a dispute between or among the parties to the agreement related to the implementation of activities outlined in this agreement, the following steps will be taken to resolve the dispute.

- The parties to the agreement will first attempt to resolve the dispute between or among themselves.
- If within 60 days, the dispute is not resolved, a written request is made for assistance from the Secretary of Health and Human Resources and Secretary of Education.
- If the dispute cannot be resolved by the Secretaries within 30 days, the dispute is referred to the Governor who makes a final determination that is binding upon the state agencies involved.

Any other disputes not related to the implementation of activities in this agreement, such as disputes about payments for services or other matters related to service delivery, will be resolved in accordance with

existing federal IDEA and Head Start regulations and each party's own internal agency dispute resolution procedures. When financial disputes occur, DMHMRSAS and DOE will adhere to federal regulations governing Parts B and C of IDEA for use of funds in the provision of services during a dispute.

REVIEW OF THE VIRGINIA INTERAGENCY AGREEMENT

The Region III Disabilities Services Quality Improvement Center (DSQIC) will convene a biennial meeting of all agency representatives for the purpose of reviewing the interagency agreement and recommending any needed revisions.

TERM OF AGREEMENT

This agreement becomes effective immediately when signed by all parties to the agreement and remains in effect until it is revised with the consent of all parties. Each agency by the signature below of its authorized representative, hereby acknowledges understanding of this agreement and agrees to be bound by its terms. This interagency agreement will remain binding on all successors of the parties to the agreement.

Authorized representatives of the parties to the agreement:

Helen Taylor, Associate Commissioner Department of Health and Human Services, Administration for Children and Families, Representing the Migrant Branch	Date
David Lett, Regional Administrator Region III Department of Health and Human Services, Administration for Children and Families	Date
Lawanna Dowden, President Virginia Head Start Association	Date
Paul D. Stapleton	Date

Superintendent of Public Instruction
State Department of Education

Richard E. Kellogg, Commissioner
Department of Mental Health, Mental
Retardation, and Substance Abuse Services

Date

RECOMMENDED PRACTICES

Existing state and federal statutes and regulations govern programs and services at the local level (see Appendix A). In addition, the recommended practices that follow are intended for local consideration as programs are implemented and as interagency relationships and agreements, are developed.

CHILD FIND AND SCREENING

- Conduct joint training to identify characteristics of children with disabilities, how to help parents cope with those disabilities, and distinguish typical from atypical development and/or behavior.
- Provide joint screening among the three systems, e.g., child check programs, health screening fairs.
- Collaborate to provide services based on recommendations from physicians and other providers, e.g., child care, transportation, feeding, referrals, and etc.
- Encourage service coordinator (Part C) to inform parents about the availability of Early Head Start and Head Start services if the family meets eligibility guidelines.
- Conduct joint child find and public awareness activities regarding children with disabilities.
- Provide joint education of primary referral sources.
- Provide training for staff from cooperating agencies about those aspects of various ethnic and cultural differences that may affect the provision of services.
- Avoid duplication of effort by adopting common screening instruments and procedures for accepting referrals from other agencies.
- Utilize parents as members of the child find team.
- Provide child find activities in natural environments including child care centers and family day care homes.
- Use parents to educate other parents about the opportunities for services within cooperating agencies.*
- Encourage Early Head Start and Head Start programs to be active members of local interagency coordinating councils and early intervention and early childhood special education representatives to be included on local Early Head Start and Head Start Policy Councils and Policy Committees.
- Conduct joint training on screening instruments and techniques across cooperating agencies.

*Note: Cooperating agencies include Early Head Start and Head Start and Migrant Head Start grantees, and Part B and Part C agencies under the IDEA.

CHILD EVALUATION

- Develop and use interagency multidisciplinary teams to evaluate children in their natural settings.
- Use language and terms that are understandable to parents.
- Avoid duplication by using evaluation data from other agencies if done by personnel who meet the credentialling requirements as identified in the regulations of the agency responsible for determining eligibility.
- Encourage the use of the Consent to Exchange Information form by all three parties to this agreement.*

- Share information regarding evaluation results among agencies with appropriate parent consent.
- Provide parents with the opportunity to identify other services, resources, and programs in which their children are participating in order to provide a complete picture of the children's skills and needs.
- Conduct joint training on timelines, evaluation instruments, and techniques across cooperating agencies.
- Assure joint participation of parents and staff of cooperating agencies in the multidisciplinary evaluation team.
- Provide parents with information regarding Virginia's parental choice policy for services for two-year old children with disabilities.
- Collaborate among agencies to coordinate logistics necessary for evaluation.

*Note: Early Head Start and Head Start agencies can be added to the Consent to Exchange Information Form, developed by state agencies and approved by the Office of the Attorney General, by using the space for "other agencies."

DETERMINATION OF ELIGIBILITY FOR SERVICES

- Share among local agencies eligibility criteria, regulations, and other information that affect where and how children receive services. These might include program curriculum, class sizes, space constraints, safety issues, transportations, accessibility, and etc.
- Assure joint participation of parents and staff of cooperating agencies (e.g. Early Head Start and Head Start staff would serve on child study and the eligibility teams with parents and Part C or Part B staff).

INDIVIDUALIZED **E**DUCATION **P**ROGRAM/**I**NDIVIDUALIZED **F**AMILY **S**ERVICE **P**LAN DEVELOPMENT/PLACEMENT

- Encourage early intervention and school divisions to invite the Early Head Start/Head Start staff to participate in the development of the IFSP/IEP. If the child is already enrolled in Early Head Start or Head Start the Head Start teacher or the staff person who is most aware of the child's development should participate. If Early Head Start/Head Start is being considered as a location/placement option then the staff member who is responsible for the Early Head Start/Head Start disabilities services should participate.
- Consider alternate methods of participation for IFSPs and IEPs such as telephone, facsimile, and e-mail communication.
- Encourage parents to consider the inclusion of staff members from all programs serving their children in the IFSP/IEP development process.
- Provide opportunities for Early Head Start and Head Start personnel serving Part C eligible infants and toddlers who are enrolled in their program to participate in the IFSP development process.
- Encourage the IFSP/IEP team to consider the use of an Early Head Start or Head Start program as one of the options to meet child outcomes.
- Refer any Early Head Start and Head Start enrolled child who has moved into a new service area

from another jurisdiction to the early intervention provider or local school division and advise the provider that a current IEP or IFSP may exist.
- Assist parents to compile and maintain complete and accurate records regarding their children. These might include results of screenings, evaluations, IFSPs, IEPs, and etc.
- Provide joint training to staff from cooperating agencies on the IFSP/IEP process to promote active, informed participation in the IFSP/IEP meetings.
- Provide training to parents on the IFSP/IEP process to promote active, informed participation in the IFSP/IEP process.

Note: IEPs are developed as part of Part B of IDEA, IFSPs are developed as part of Part C of IDEA

PLACEMENT AND PROVISION OF SERVICES

- Allow children who meet the eligibility for Early Head Start and Head Start and either Parts B or C to be enrolled in both programs.
- Use the expertise of Early Head Start and Head Start, LEA and early intervention staff to achieve individual goals for children who are eligible for dual enrollment.
- Individualize the amount of time spent in either Early Head Start and Head Start and Part B or C programs according to the needs of the child.
- Create opportunities for staff of both Early Head Start and Head Start and either Part B or C programs to observe each other's work with children, and maintain communication about those who are dually enrolled.
- Provide therapies and related services as identified in the IEP to be delivered whenever appropriate, in the inclusive setting where the child is served.
- Provide early intervention direct services identified in the IFSP to be delivered in natural environments whenever appropriate.
- Provide opportunities and encourage parents to actively participate in their child's program and instruction.

TRANSITION

- Provide training for staff from Part C, Part B, Early Head Start, and Head Start programs in transition planning, implementation, and evaluation of the transition process.
- Develop joint transition plans among Early Head Start, Head Start, Part C, and Part B programs, and from Head Start and Part B to school-age programs.
- Inform parents of the differences among systems in role, staffing patterns, costs or fees, schedules, and services.
- Share staff members across systems in order to facilitate a smooth transition.
- Provide early and mutually planned transfer of records with parent consent at times convenient for both systems.

FUNDING

- Be aware of available state and federal resources for children from birth through age 5, the procedures for acquiring funding, and the procedures for counting children for funding as required by each agency.
- Allocate sufficient resources to meet training needs of parents and staff.
- Identify those services that are to be provided at no cost and those for which fees will be charged.
- Ensure that parents understand their financial responsibility, if any, for services provided to their children.
- Share personnel/services with or without an exchange of funds, depending upon the needs and resources of each provider.
- Use the local interagency coordinating councils to collaborate on issues related to funding.
- Identify and cultivate creative funding sources through grant writing and other endeavors to enhance services for young children in the community and to provide adequate child care and recreational options for children with disabilities and their families.
- Explore and use innovative methods for financing the costs of services, including dual enrollment, itinerant teacher arrangements, and other cost-effective coordinated service delivery arrangements.
- Develop rationale and recommendations needed to secure additional state funding to meet service delivery needs.

APPENDICES

REGULATIONS AND RECOMMENDED PRACTICES

The charts that follow summarize the pertinent regulations in specific stages of service delivery and highlights recommended practices at each stage. The recommended practices are intended for local consideration as interagency relationships and agreements are developed. For each stage, there are two parts. Part I includes highlights from existing state and federal statutes and regulations governing local programs and services. Only regulations related to the inter-relationships of the parties to the agreement are included. Part II includes recommendations for appropriate additional practices that enhance the implementation of local programs and services. Only recommended practices related to the inter-relationships of the parties to the agreement are included.

CHILD FIND AND SCREENING

PART I - REGULATIONS: Part I includes highlights from existing state and federal statutes, regulations, and policies and procedures which govern local programs and services. Only regulations related to the interrelationships of the parties to the agreement are included in the chart.

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• Participate in the public agency's Child Find plan under Part B of IDEA; [45-CFR 1308.4(l)(1)] • Incorporate into outreach and recruitment activities, specific actions to actively locate and recruit children with disabilities. [45-CFR 1308.5 (a)] • Address in the Disabilities Service Plan, when appropriate, strategies for the transition of children into Head Start from infant/toddler programs (birth to three years). [45- CFR 1308.4 (g)] • The Disabilities Service Plan must include preparation of staff and parents for the entry of children with severe disabilities into the Head Start program. [45-CFR 1308.4 (g)] • Grantees must provide for developmental, hearing and vision screenings of all Early Head Start and Head Start children within 45 days of the child's entry into the program. This does not preclude starting screening in the spring, before program services begin in the fall. [45-CFR 1308.6 (b)(1)]	• All children with disabilities residing in the State, including children with disabilities attending private schools, regardless of the severity of their disabilities, and who are in need of special education and related services, are identified, located, and evaluated and a practical method is developed and implemented to determine which children with disabilities are currently receiving needed special education and related services. Sec.1412(a)(3)(A)	• Each local school division shall, at least annually, conduct a public awareness campaign to: inform the community of a person's statutory right to a free appropriate education and the availability of special education programs and services; generate referrals; and explain the nature of disabilities, the early warning signs of disabilities, and the need for early intervention. • Procedures for informing the community shall show evidence of the use of a variety of materials and media, and shall: provide for personal contacts with community groups, public and private agencies and organizations; and provide information in the person's native language or primary mode of communication.	• The Lead Agency assures that the child find process in Virginia is a comprehensive, interagency, ongoing effort. • The statewide public awareness program for child find provides for the involvement of, and communication with, major organizations throughout Virginia that have a direct interest in early intervention services including public agencies and other participating agencies at the State and local levels, private providers, professional associations, parent groups, advocate associations, and other organizations. 34 CFR 303.320, note	• Local councils maintain a list of agencies and individuals to be involved in public awareness for child find activities. • Local councils have procedures for referring the family to other resources.

CHILD FIND AND SCREENING

Head Start	Individuals with Disabilities Education Act (IDEA)			
	Part B of IDEA		Part C of IDEA	
Local Early Head Start and Head Start Grantee[1]	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background. [45-CFR 1304.20(b)] • Make concerted efforts to reach and include the most in need and hardest to reach in the screening effort, providing assistance but urging parents to complete screening before the start of the program year. [45-CFR 1308.6 (b) (2)] • Promptly refer enrolled families with infants and toddlers suspected of having a disability to the local early intervention agency designated by the State Part H* plan to coordinate any needed evaluations, determine eligibility for Part H* services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of the State's program. [45-CFR 1304.20 (f)(2) (ii)]		• There shall be evidence of involvement of parents and community members in the required child find and community awareness campaign. • Each local school division shall maintain an active and continuing child find program designed to identify, locate and evaluate those children from birth to 21, inclusive, who are in need of special education and related services. Written procedures shall be established for collecting, reviewing and maintaining such data. • All children ages two to 21, inclusive, not enrolled in school and who are suspected of having a disability shall be referred to the division superintendent, or designee, who shall initiate the process of determining eligibility for special education services.	• The Lead Agency, with the assistance of the Virginia Interagency Coordinating Council, ensures that the child find system under this part is coordinated with all other major efforts to locate and identify children... including the Head Start Act. 34 CFR 303.321	

CHILD FIND AND SCREENING

Head Start	Individuals with Disabilities Education Act (IDEA)			
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	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
		• Where such children are determined to be eligible for special education services, school divisions are required to offer appropriate programs and placements consistent with each child's IEP from ages two to 21 inclusive. • Each local school division shall establish and maintain screening procedures to assure the identification of children with disabilities residing within its jurisdiction and requiring special education. • All children, within 60 administrative working days of initial enrollment in a public school, shall be screened in the following areas to determine if formal assessment is indicated: (1) Speech, voice, and language; and (2) Vision and hearing. • All children (through grade three), within 60 administrative working days of initial enrollment in public schools, shall be		

CHILD FIND AND SCREENING

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
		fine and gross motor functions to determine if formal assessment is indicated.		

CHILD FIND AND SCREENING

PART II - RECOMMENDED PRACTICE. Part II includes recommendations for appropriate additional practices which enhance the implementation of local programs and services. Only recommended practices related to the interrelationships of the parties to the agreement are included in the chart.

- Conduct joint training to identify characteristics of children with disabilities, how to help parents cope with those disabilities, and distinguish typical from atypical development and/or behavior.
- Provide joint screening among the three systems, e.g., child check programs, health screening fairs.
- Collaborate to provide services based on recommendations from physicians and other providers, e.g., child care, transportation, feeding, referrals, and etc.
- Encourage service coordinator (Part C) to inform parents about the availability of Early Head Start and Head Start services if the family meets eligibility guidelines.
- Conduct joint child find and public awareness activities regarding children with disabilities.
- Provide joint education of primary referral sources.
- Provide training for staff from cooperating agencies about those aspects of various ethnic and cultural differences that may affect the provision of services.
- Avoid duplication of effort by adopting common screening instruments and procedures for accepting referrals from other agencies.
- Utilize parents as members of the child find team.
- Provide child find activities in natural environments including child care centers and family day care homes.
- Use parents to educate other parents about the opportunities for services within cooperating agencies.[3]
- Encourage Early Head Start and Head Start programs to be active members of local interagency coordinating councils and early intervention and early childhood special education representatives to be included on local Early Head Start and Head Start Policy Councils and Policy Committees.
- Conduct joint training on screening instruments and techniques across cooperating agencies.

[1]Each local Head Start grantee is charged with implementing local plans consistent with the Head Start Performance Standards.
[2]These regulations will be amended to conform with Federal regulations when finalized.
[3]Cooperating agencies include Early Head Start and Head Start and Migrant Head Start Grantees, and Part B and Part C agencies under the IDEA.

CHILD EVALUATION

PART I - REGULATIONS: Part I includes highlights from existing state and federal statutes, regulations, and policies and procedures which govern local programs and services. Only regulations related to the interrelationships of the parties to the agreement are included in the chart

Head Start	Individuals with Disabilities Education Act (IDEA)			
	Part B of IDEA		Part C of IDEA	
Local Early Head Start and Head Start Grantee[1]	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• Must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday. [45-CFR 1308.6 (e)(1)] • Must obtain parental consent in writing before a child can have an initial evaluation to determine whether the child has a disability. [45-CFR 1308.6 (e)(3)] • Must use trained (State certified or licensed) personnel to administer testing and evaluation procedures. [45-CFR 1308.6 (e)(2)(ii)] • Arrange or provide an evaluation using its own resources and accessing others if the LEA does not evaluate the child. [45-CFR 1308.6 (e)(2)] • Must use a multidisciplinary team including at least one person with knowledge in the area of suspected disability to complete the evaluation. [45-CFR 1308.6 (e)(2)(iv)]	• A State education agency, other State agency, or local education agency shall conduct a full and individual initial evaluation, in accordance with this paragraph and subsection (b), before the initial provision of special education and related services to a child with a disability under this part Section 1414. (a) (1) (A) • Such initial evaluation shall consist of procedures -- (I) to determine whether a child is a child with a disability (as defined in section 1401(3)); and (ii) to determine the edu-cation needs of such child. Section 1414. (a) (1) (B) • The local educational agency shall provide notice to the parents of a child with a disability, in accordance with subsections (b)(3), (b)(4), and (c) of section 1415, that describes any evaluation procedures such agency proposes to conduct. Section 1414. (b) (1)	• Children suspected of having a disability shall be referred by the child study committee or other referring source to the special education administrator for formal assessment. If referral to the special education administrator is from the child study committee, it shall be made within five administrative working days following the determination by the child study committee that the child is suspected of having a disability. (17D) • Secure written permission of the parent for the formal assessment. (17D) (2c) • Initiate formal assessment procedures. (17D) (3) • The LEA shall establish policies and procedures to ensure the following tests and other evaluation materials are administered by trained personnel in conformance with the instructions provided by their producers. (17 E2a4)	• The evaluation and assessment includes (a) a review of pertinent records less than six months old related to the child's current health status and medical history; (b) an evaluation of the child's level of functioning or review of existing evaluation data less than six months old in the cognitive, physical, communication, social/emotional, and adaptive development areas; (c) an assessment of the unique strengths and needs of the child in terms of each of the developmental areas above, including the identification of services appropriate to meet those needs. 34 CFR 303.322	• The multidisciplinary evaluation team must consider the results of an independent evaluation when such consideration is requested by the family. Independent evaluations must have been conducted no more than six months prior to determining eligibility because child development changes too quickly at this age. • The composition of the team may differ depending on a variety of factors including: (a) the purposes and activities of the team..., (b) the perceived resources, priorities and concerns of the child and family; and

CHILD EVALUATION

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	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
	• In conducting the evaluation, the local education agency shall -- (A) use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that may assist in determining whether the child is a child with a disability and the content of the child's individualized education program, including information related to enabling the child to be involved in and progress in the general curriculum or, for preschool children, to participate in appropriate activities; and (B) not use any single procedure as the sole criterion for determining whether a child is a child with a disability or determining an appropriate education program for the child. Section 1414. (b) (1 & 2) • Each local education agency shall ensure that the child is assessed in all areas of suspected disability. Section 1414. (b) (3) (C)	• The evaluation shall be made by a multi-disciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability. (18 E2e)		c) the choices of the family, including the family members they choose to participate, the professionals they choose to participate, and any other persons they invite, such as a family advocate or other evaluator.

CHILD EVALUATION

PART II - RECOMMENDED PRACTICE. Part II includes recommendations for appropriate additional practices which enhance the implementation of local programs and services. Only recommended practices related to the interrelationships of the parties to the agreement are included in the chart.

- Develop and use interagency multidiscliplinary teams to evaluate children in their natural settings.
- Use language and terms that are understandable to parents.
- Avoid duplication by using evaluation data from other agencies if done by personnel who meet the credentialling requirements as identified in the regulations of the agency responsible for determining eligibility.
- Encourage the use of the Consent to Exchange Information form by all three parties to this agreement.[4]
- Share information regarding evaluation results among agencies with appropriate parent consent.
- Provide parents with the opportunity to identify other services, resources, and programs in which their children are participating in order to provide a complete picture of the children's skills and needs.
- Conduct joint training on timelines, evaluation instruments, and techniques across cooperating agencies.
- Assure joint participation of parents and staff of cooperating agencies in the multidisciplinary evaluation team.
- Provide parents with information regarding Virginia's parental choice policy for services for two-year old children with disabilities.
- Collaborate among agencies to coordinate logistics necessary for evaluation.

[4]Early Head Start and Head Start agencies can be added to the Consent to Exchange Information form, developed by state agencies and approved by the Office of the Attorney General, by using the space for "other" agencies.

CHILD EVALUATION

PART I - REGULATIONS: Part I includes highlights from existing state and federal statutes, regulations, and policies and procedures which govern local programs and services. Only regulations related to the interrelationships of the parties to the agreement are included in the chart.

DETERMINATION OF ELIGIBILITY FOR SERVICES

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• *Children with disabilities* means, for children ages 3 to 5, those with mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, specific learning disabilities, deaf-blindness, or multiple disabilities, and show, by reason thereof, need special education and related services. The term "children with disabilities" for children aged 3 to 5, inclusive, may, at a State's discretion, include children experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, need special education and related services. [45-CFR 1308.] • Infants and toddlers with disabilities are those from birth to three years, as identified under the Part H* Program (Individuals with Disabilities Education Act) in their State. [45-CFR 1304.3 (a)(1)] *Now Part C.	• The term "child with a disability" means a child -- (I) with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (hereinafter referred to as emotional disturbance), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and (ii) who, by reason thereof, needs special education and related services. (B) CHILD AGED 3 THROUGH 9- The term "child with a disability" for a child aged 3 through 9 may, at the discretion of the State and the local educational agency, include a child --	• "Children with disabilities" means those children evaluated, in accordance with these regulations, as having autism, deaf-blindness, a developmental delay, a hearing impairment which may include deafness, mental retardation, multiple disabilities, an orthopedic impairment, other health impairment, a serious emotional disturbance, a severe and profound disability, a specific learning disability, a speech or language impairment, a traumatic brain injury, or a visual impairment which may include blindness, who, because of these impairments, need special education and related services.	• Virginia's definition of developmental delay and eligibility procedures ensure that all children from birth through age two who are developmentally delayed or have a diagnosed physical or mental condition that has a high probability of resulting in delay are eligible to participate in the Part H* program. • Definition of Developmental Delay: 1. Infants and toddlers who are functioning at least 25% below their chronological or adjusted age, in one or more of the following areas: a. Cognitive development; b. Physical development (including fine motor, gross motor, vision, and hearing);	• Service coordinator responsible for referring ineligible children to other resources with permission of parents.

DETERMINATION OF ELIGIBILITY FOR SERVICES

Head Start	Individuals with Disabilities Education Act (IDEA)			
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• Eligibility criteria: (the criteria for determining that a child enrolled in Head Start requires special education and related services because of a disability.) (.7) Health impairment (.8) Emotional/behavioral disorders (.9) Speech or language impairments (.10) Mental retardation (.11) Hearing impairment including deafness (.12)Orthopedic impairment (.13) Visual impairment including blindness (.14) Learning disabilities (.15)Autism (.16) Traumatic brain injury (.17) Other impairments [45-CFR 1308.7-1308.17] • If the State Education Agency eligibility criteria for preschool children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs. [45-CFR 1308.17(b)] • The multidisciplinary team provides the results of the evaluation and determines that the child does or does not need special education and related services. [45-CFR 1308.6 (e)(5)]	(I) experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and (ii) who, by reason thereof, needs special education and related services. SEC.1401(3) • As part of an initial evaluation (if appropriate) and as part of any reevaluation under this section, the IEP Team described in subsection (d)(1)(B) and other qualified professionals, as appropriate, shall -- (A) review existing evaluation data on the child, including evaluations and information provided by the parents of the child, current classroom-based assessments and observations, and teacher and related services providers observation; and	• **"Developmental delay"** means a significant delay in one or more of the following areas of development for a child below age 8: 1. Cognitive ability 2. Motor skills 3. Social/adaptive behavior 4. Perceptual skills 5. Communication skills • Eligibility of children for special education programs and related services shall be determined by an eligibility committee. 1. Membership of the eligibility committee shall include, but not be limited to, school division personnel representing the disciplines providing assessments and the special education administrator, or designee. At least one school division representative serving on the eligibility committee must have either assessed or observed the child.	c. Communication development; d. Social or emotional development; e. Adaptive development. (§34 CFR 303.16) OR Children who manifest atypical development or behavior, which is demonstrated by one or more of the following criteria (even when evaluation does not document a 25% developmental delay): a. Abnormal or questionable sensory-motor responses, such as: (1) abnormal muscle tone; (2) limitations in joint range of motion; (3) abnormal reflex or postural reactions; (4) poor quality of movement patterns or quality of skill performance;	

DETERMINATION OF ELIGIBILITY FOR SERVICES

Head Start	Individuals with Disabilities Education Act (IDEA)			
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	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• When Head Start provides for the evaluation, the multidisciplinary team makes the determination whether the child meets the Head Start eligibility criteria. [45-CFR 1308.19(a)]	(B) on the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine -- (I) whether the child has a particular category of disability, as described in section 1401(3), or, in case of a reevaluation of a child, whether the child continues to have such a disability; (ii) the present levels of performance and educational needs of the child; (iii) whether the child needs special education and related services, or in the case of a reevaluation of a child, whether the child continues to need special education and related services; and (iv) whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set up in the individualized education program of the child and to participate, as appropriate, in the general curriculum.	2. The eligibility committee shall review the assessments, any pertinent information reported by an agency assigned legal custody of the child, and any other special reports to determine if the child has a disability which requires special education and related services. Once eligibility has been determined, adding a related service to an existing IEP is an IEP committee function. The assessments or other relevant data that are required or necessary for the proposed related services is forwarded to the IEP committee in order that appropriate goals and objectives can be developed. 3. The eligibility committee shall follow due process procedures in the determination of eligibility and in ensuring the confidentiality of records.	feeding difficulties. For infants and toddlers born prematurely (gestation <34 weeks), the child's <u>actual</u> adjusted age is used to determine developmental status. Chronological age is used once the child is 18. b. Identified affective disorders, such as: (1) delay or abnormality in achieving expected emotional milestones; (2) persistent failure to initiate or respond to most social interactions; (3) fearfulness or other distress that does not respond to comforting by caregivers; c. Behavioral disorders that interfere with the acquisition of developmental skills.	

DETERMINATION OF ELIGIBILITY FOR SERVICES

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
	• The local education agency shall administer such tests and other evaluation materials as may be needed to produce the data identified by the IEP Team under paragraph (1)(B). • Each local educational agency shall obtain informed parental consent, in accordance with subsection (a)(1)(C), prior to conducting any reevaluation of a child with a disability, except that such informed parent consent need not be obtained if the local educational agency can demonstrate that it had taken reasonable measures to obtain such consent and the child's parent has failed to respond. Section 1414 (c)	4. The eligibility committee shall have a written summary that consists of essential deliberations supporting its findings as to the eligibility of each child for a special education program and related services. This summary shall be signed by each eligibility committee member present. (19F 1-4)	- Children who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, even though no delay currently exists. 34 CFR 303.16	

Note: Parts B and C of IDEA require that all children who have been identified as meeting eligibility requirements cannot be denied services. Each local Early Head Start and Head Start Program is funded to provide services to a specified number of children and families.

DETERMINATION OF ELIGIBILITY FOR SERVICES

PART II - RECOMMENDED PRACTICE. Part II includes recommendations for appropriate additional practices which enhance the implementation of local programs and services. Only recommended practices related to the interrelationships of the parties to the agreement are included in the chart.

- Share among local agencies eligibility criteria, regulations, and other information that affect where and how children receive services. These might include program curriculum, class sizes, space constraints, safety issues, transportations, accessibility, and etc.
- Assure joint participation of parents and staff of cooperating agencies (e.g. Early Head Start and Head Start staff would serve on child study and the eligibility teams with parents and Part C or Part B staff).

INDIVIDUALIZED EDUCATION PROGRAM/INDIVIDUALIZED FAMILY SERVICE PLAN DEVELOPMENT/PLACEMENT

PART I - REGULATIONS: Part I includes highlights from existing state and federal statutes, regulations, and policies and procedures which govern local programs and services. Only regulations related to the interrelationships of the parties to the agreement are included in the chart.

Head Start	Individuals with Disabilities Education Act (IDEA)			
	Part B of IDEA		Part C of IDEA	
Local Early Head Start and Head Start Grantee[1]	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• Ensure every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education has an IEP before special education and related services are provided. [45-CFR 1308.19(b)] • Attempt to participate in the IEP meeting and placement decision for any child meeting Head Start eligibility requirements when the LEA develops the IEP. [45-CFR 1308.19(c)] • If Head Start develops the IEP, the IEP must take into account the child's unique needs, strengths, developmental potential and the family strengths and circumstances as well as the child's disabilities. [45-CFR 1308.19(d)] Note: In cases where children do not meet LEA special education criteria, an IEP can be developed by a Head Start multidisciplinary team and Head Start IEP forms and procedures are used.	• Upon completion of administration of tests and other evaluation materials -- the determination of whether the child is a child with a disability as defined in section 1401(3) shall be made by a team of qualified professionals and the parent of the child in accordance with paragraph (5); and 1414(b)(4)(A) • The term 'individualized education program team' or 'IEP Team' means a group of individuals composed of- (I) the parents of a child with a disability; (ii) at least one regular education teacher of such child (if the child is, or may be, participating in the regular education environment); (iii) at least one special education teacher, or where appropriate, at least one special education provider of such child;	• The LEA shall ensure that an IEP is developed and implemented for each child with a disability in its jurisdiction, including such children placed in private schools or facilities. • a. The LEA shall ensure that each meeting includes participants as follows: (1) A representative of the LEA, other than the child's teacher, who is qualified to provide or supervise the provision of special education; (2) The child's teacher; (3) One or both of the child's parents (see Parent Participation, §3.3 B.4); (4) The child, if appropriate; (5) Other individuals, at the discretion of the parents or LEA. b. For a child with a disability who has been evaluated for the first time, the LEA shall ensure that: (1) A member of the evaluation team participates in the meeting; or	• Each initial meeting and each annual meeting to evaluate the IFSP must include the parent or parents of the child; other family members, as requested by the parent; an advocate or person outside of the family at family request, the service coordinator; a person or persons directly involved in conducting the evaluations and assessments; and as appropriate, persons who will be providing services to the child or family. 34 CFR 303.343	• IFSP meetings must be conducted in settings and at a time convenient to families Sec. 303.342 C To the maximum extent appropriate, early intervention services are provided in natural environments; and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural setting. Sec. 303.167

INDIVIDUALIZED EDUCATION PROGRAM/INDIVIDUALIZED FAMILY SERVICE PLAN DEVELOPMENT/PLACEMENT

Head Start	Individuals with Disabilities Education Act (IDEA)			
	Part B of IDEA		Part C of IDEA	
Local Early Head Start and Head Start Grantee[1]	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• Ensure the IEP includes: (1) A statement of the child's present level of functioning in the socio-emotional, motor, communication, self-help, and cognitive areas of development and the identification of needs in those areas requiring specific programming. (2) A statement of annual goals including short term objectives for meeting these goals. (3) A statement of services to be provided by each Head Start component that are in addition to those services provided for all Head Start children, including transition services. (4) A statement of specific special education services to be provided to the child and those related services necessary for the child to participate in a Head Start program. This includes services provided by Head Start and services provided by other agencies and non-Head Start professionals. (5) The identification of the personnel responsible for the planning and supervision of services and for the delivery of services. (6) The projected date for the initiation and the anticipated duration of services. (7) A statement of objective criteria and evaluation procedure for determining at least annually whether the short-term objectives are being achieved or need to be revised.	(iv) a representative of the local educational agency who -- (I) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; (II) is knowledgeable about the general curriculum; and (III) is knowledgeable about the availability of resources of the local educational agency; (v) an individual who can interpret the instructional implications of evaluation results, who may be a member of the team described in clauses (ii) through (vi); (vi) at the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and (vii) whenever appropriate, the child with a disability. 1414(d)(1)(B)	(2) The representative of the LEA, the child's teacher, or some other person is present at the meeting who is knowledgeable about the evaluation procedures used with the child and is familiar with the results of the evaluation. • The IEP for each child must include: a. A statement of the child's present level of educational performance; (1) The statement should accurately describe the effect of the child's disability on the child's performance in any area of education that is affected including academic areas and non-academic areas. (2) The statement should be written in objective measurable terms, to the extent possible. Test scores, if appropriate, should be self-explanatory or an explanation should be included.	• Individualized family service plans must include information about the child's present levels of development; family resources, priorities, and concerns related to the child's development, with concurrence of the family; outcomes expected to be achieved for the infant or toddler and the family; a statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and family; a statement of the natural environments in which early intervention services shall appropriately be provided , including a justification of the extent, if any, to which the services will not be provided in a natural environment; other services; projected dates for initiation of the services and duration of services;	

INDIVIDUALIZED EDUCATION PROGRAM/INDIVIDUALIZED FAMILY SERVICE PLAN DEVELOPMENT/PLACEMENT

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
(8) Family goals and objectives related to the child's disabilities when they are essential to the child's progress. [45-CFR 1308.19(e)] • When Head Start develops the IEP, the team must include the Head Start disabilities coordinator, the child's teacher, one or both of the parents, and at least one member of the multidisciplinary team which evaluated the child. [45-CFR 1308.19(f)] • Invite in writing an LEA representative if Head Start is initiating a request for a meeting. [45-CFR 1308.19(g)] • Invite other individuals at the request of the parents and other individuals. [45-CFR 1308.19(h)] • Hold a meeting at a time convenient for the parents and staff to develop the IEP within thirty calendar days of determination that the child needs special education and related services. Services must begin as soon as possible after the development of the IEP. [45-CFR 1308.19(i)]	• The term 'individualized education program' or 'IEP' means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with this section and that includes -- (i) a statement of the child's present levels of educational performance, including -- (I) how the child's disability affects the child's involvement and progress in the general curriculum; or (II) for preschool children, as appropriate, how the disability affects the child's participation in appropriate activities; (ii) a statement of measurable annual goals, including benchmarks or short-term objectives, related to -- (I) meeting the child's needs that result from the child's disability to enable the child to be involved in and progress in the general curriculum; and (II) meeting each of the child's other educational needs that result from the child's disability;	(3) There should be a direct relationship between the present level of performance and the other components of the IEP. b. A statement of annual goals, including short-term instructional objectives; c. A statement of the specific special education and related services to be provided for the child, and the extent to which the child will be able to participate in regular educational programs. d. The projected dates for initiation of services and the anticipated duration of the services (month, day, and year); and e. Appropriate objective criteria and evaluation procedures and schedules for determining, at least annually, whether the short-term instructional objectives are being achieved.	• name of service coordinator; payment arrangement if any; and steps to support transition. Sec. 303.344 • The Lead Agency ensures that service coordination is an active, ongoing process that involves: (1) assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan; (2) coordinating the provision of early intervention services and other services... that the child needs or is being provided; (3) facilitating the timely delivery of available services; and (4) continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility. 34	

INDIVIDUALIZED EDUCATION PROGRAM/INDIVIDUALIZED FAMILY SERVICE PLAN DEVELOPMENT/PLACEMENT

Head Start	Individuals with Disabilities Education Act (IDEA)			
	Part B of IDEA		Part C of IDEA	
Local Early Head Start and Head Start Grantee[1]	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• Initiate the implementation of the IEP as soon as possible after the IEP meeting by modifying the child's program in accordance with the IEP and arranging for the provision of related services. If a child enters Head Start with an IEP completed within two months prior to entry, services must begin within the first two weeks of program attendance. [45-CFR 1308.19(k)] • Support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program. [45-CFR 1304.20(f)(2)(ii)]	(iii) a statement of the special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel that will be provided for the child -- (I) to advance appropriately toward attaining the annual goals; (II) to be involved and progress in the general curriculum in accordance with clause (i) and to participate in extracurricular and other nonacademic activities; and (III) to be educated and participate with other children with disabilities and nondisabled children in the activities described in this paragraph; (iv) an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described in clause (iii);	• Each LEA shall take steps to ensure that one or both of the parents of the child with a disability are present at each meeting or are afforded the opportunity to participate, including notifying the parents of the meeting early enough to ensure that they will have an opportunity to attend, and scheduling the meeting at a mutually agreed on time and place. The notice given the parents must indicate the purpose, time and location of the meeting, and who will be in attendance. The LEA shall take whatever action is necessary to ensure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English. (25)(a,b,f,g)		

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
	(v) (I) a statement of any individual modifications in the administration of State or district wide assessments of student achievement that are needed in order for the child to participate in such assessment; and (II) if the IEP Team determines that the child will not participate in a particular State or district wide assessment of student achievement (or part of such an assessment), a statement of -- (aa) why that assessment is not appropriate for the child; and (bb) how the child will be assessed; (vi) the projected date for the beginning of the services and modifications described in clause (iii), and the anticipated frequency, location, and duration of those services and modifications; and (viii) a statement of -- (I) how the child's progress toward the annual goals described in clause (ii) will be measured; and	• An IEP must: be in effect before special education and related services are provided to a child; and be developed within 30 calendar days of a determination that the child needs special education and related services, and be implemented as soon as possible following the IEP meeting.		

INDIVIDUALIZED EDUCATION PROGRAM/INDIVIDUALIZED FAMILY SERVICE PLAN DEVELOPMENT/PLACEMENT

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
	(II) how the child's parents will be regularly informed (by such means as periodic report cards), at least as often as parents are informed of their nondisabled children's progress, of -- (aa) their child's progress toward the annual goals described in clause (ii); and (bb) the extent to which that progress is sufficient to enable the child to achieve the goals by the end of the year. Sec. 1414(d)(1)(A)			

INDIVIDUALIZED EDUCATION PROGRAM/INDIVIDUALIZED FAMILY SERVICE PLAN DEVELOPMENT/PLACEMENT

PART II - RECOMMENDED PRACTICE. Part II includes recommendations for appropriate additional practices which enhance the implementation of local programs and services. Only recommended practices related to the interrelationships of the parties to the agreement are included in the chart.

- Encourage early intervention and school divisions to invite the Early Head Start/Head Start staff to participate in the development of the IFSP/IEP. If the child is already enrolled in Early Head Start or Head Start the Head Start teacher or the staff person who is most aware of the child's development should participate. If Early Head Start/Head Start is being considered as a location/placement option then the staff member who is responsible for the Early Head Start/Head Start disabilities services should participate.
- Consider alternate methods of participation for IFSPs and IEPs such as telephone, facsimile, and e-mail communication.
- Encourage parents to consider the inclusion of staff members from all programs serving their children in the IFSP/IEP development process.
- Provide opportunities for Early Head Start and Head Start personnel serving Part C eligible infants and toddlers who are enrolled in their program to participate in the IFSP development process.
- Encourage the IFSP/IEP team to consider the use of an Early Head Start or Head Start program as one of the options to meet child outcomes.
- Refer any Early Head Start and Head Start enrolled child who has moved into a new service area from another jurisdiction to the early intervention provider or local school division and advise the provider that a current IEP or IFSP may exist.
- Assist parents to compile and maintain complete and accurate records regarding their children. These might include results of screenings, evaluations, IFSPs, IEPs, and etc.
- Provide joint training to staff from cooperating agencies on the IFSP/IEP process to promote active, informed participation in the IFSP/IEP meetings.
- Provide training to parents on the IFSP/IEP process to promote active, informed participation in the IFSP/IEP process.

Note: IEPs are developed as part of Part B of IDEA, IFSPs are developed as part of Part C of IDEA.

PLACEMENT AND PROVISION OF SERVICES

PART I - REGULATIONS: Part I includes highlights from existing state and federal statutes, regulations, and policies and procedures which govern local programs and services. Only regulations related to the interrelationships of the parties to the agreement are included in the chart.

Head Start	Individuals with Disabilities Education Act (IDEA)			
	Part B of IDEA		Part C of IDEA	
Local Early Head Start and Head Start Grantee[1]	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• Include provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and provisions for any modifications necessary to meet the special needs of children with disabilities. [45-CFR 1308.4(c)] • Grantee and delegate agencies must assist with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP). [45-CFR 1304.20(c)(4)] • (ii) Be inclusive of children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). [45-CFR 1304.21(a)(ii)]	• EDUCATIONAL PLACEMENTS- Each local educational agency or State educational agency shall ensure that the parents of each child with a disability are members of any group that makes decisions on the educational placement of their child. Sec. 1414(f)	• Each LEA shall establish and implement procedures which satisfy requirements as follows: (1) To the maximum extent appropriate, children with disabilities, including those in public or private institutions or other care facilities, are educated with children who are not disabled; and (2) Special class placement, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.	• To the maximum extent appropriate, early intervention services are provided in natural environments. The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only when early intervention cannot be achieved satisfactorily for the infant or toddlers in a natural setting. 34 CFR 303.167 • The Individualized Family Service Plan (IFSP) includes a statement of the natural environment in which early intervention services will be provided and a justification of the extent, if any, to which the services will not be provided in a natural environment. 34 CFR 303.344	• The membership of local interagency coordinating councils shall include designees from the following agencies who are authorized to make funding and policy decisions: community services board, department of health, department of social services, and local school division. These designees shall designate additional council members as follows: at least one parent representative who is not an employee of any public or private program which serves infants and toddlers with disabilities: represen-tatives from community providers of early intervention services; and representatives from other service providers as deemed necessary . *Code of Virginia, Sec. 2.1-766*

PLACEMENT AND PROVISION OF SERVICES

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• The grantee or delegate agency must arrange or provide special education and related services necessary to foster the maximum development of each child's potential and to facilitate participation in the regular Head Start program unless the services are being provided by the LEA or other agency. The plan must specify the services to be provided directly by Head Start and those provided by other agencies. The grantee or delegate agency must arrange for, provide, or procure special education and related services. [45-CFR 1308.4(h)] • Shall be responsible for providing special education and related services for those children enrolled in Head Start who qualify for services based on Head Start eligibility criteria, but who are not served by the LEA. [45-CFR 1308.4(h)] • Shall include the options of: (1) Joint placement of children with other agencies; (2) Shared provision of services with other agencies; (3) Shared personnel to supervise special education services, when necessary to meet State requirements on qualifications; (4) Administrative accommodations such as having two children share one enrollment slot when each child's IEP calls for part-time service because of their individual needs; and		b. In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and other services and activities provided for nondisabled children, each LEA shall ensure that each child with a disability participates with nondisabled children in those services and activities, to the maximum extent appropriate to the needs of the child with a disability. c. For children in public or private institutions, the LEA shall, where necessary, make arrangements with public and private institutions to ensure that requirements for least restrictive environment are met. (See Placements, §3.3 B.8.)	• Early intervention services (1) are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development; (2) are selected in collaboration with the parents; (3) are provided (I) under public supervision; (ii) by "qualified personnel...; (iii) in conformity with an individualized family service plan; (iv) at no cost, unless...Federal or State law provides for a system of payments by families, including a schedule of sliding fees. 34 CFR 303.12 • The Lead Agency has established a system of payments for early intervention services. The inability of the parents of an eligible child to pay for services does not result in the denial of services to the child or the child's family. 34 CFR 303.520	The duties of local interagency coordinating councils shall include: 1. Identifying existing early intervention services and resources; 2. Identifying gaps in the service delivery system and developing strategies to address these gaps; 3. Identifying alternative funding sources; 4. Facilitating the development of interagency agreements and supporting the development of service coalitions; 5. Assisting in the implementation of policies and procedures that will promote interagency collaboration; and

PLACEMENT AND PROVISION OF SERVICES

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
(5) Any other strategies to be used to insure that special needs are met. These may include: (i) Increased staff; (ii) Use of volunteers; and (iii) Use of supervised students in such fields as child development, special education, child psychology, various therapies and family services to assist the staff. [45-CFR 1308.4(j)(1-5)]		• In interpreting evaluation data and in making eligibility and placement decisions, each LEA shall: draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior; ensure that information obtained from all of these sources is documented and carefully considered; ensure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and ensure that the placement decision is made in conformity with the least restrictive environment. (See Least Restrictive Environment, §3.3 A.3.) .	• The Lead Agency is responsible for the identification and coordination of all available resources for early intervention services... including the Head Start Act and Part B of IDEA. 34 CFR 303.522	6. Developing local procedures and determining mechanisms for implementing policies and procedures in accordance with state and federal statutes and regulations. *Code of Virginia Sec. 2.1-766*

PLACEMENT AND PROVISION OF SERVICES

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
		• Each LEA placing the child shall ensure that: the educational placement of each child with a disability: (1) Is determined at least annually; (2) Is based on his IEP; and (3) Is as close as possible to the child's home. • Unless a child with a disability's IEP requires some other arrangement, the child is educated in the school which he would attend if nondisabled.		

PLACEMENT AND PROVISION OF SERVICES

PART II - RECOMMENDED PRACTICE. Part II includes recommendations for appropriate additional practices which enhance the implementation of local programs and services. Only recommended practices related to the interrelationships of the parties to the agreement are included in the chart.

- Allow children who meet the eligibility for Early Head Start and Head Start and either Parts B or C to be enrolled in both programs.
- Use the expertise of Early Head Start and Head Start, LEA and early intervention staff to achieve individual goals for children who are eligible for dual enrollment.
- Individualize the amount of time spent in either Early Head Start and Head Start and Part B or C programs according to the needs of the child.
- Create opportunities for staff of both Early Head Start and Head Start and either Part B or C programs to observe each other's work with children, and maintain communication about those who are dually enrolled.
- Provide therapies and related services as identified in the IEP to be delivered whenever appropriate, in the inclusive setting where the child is served.
- Provide early intervention direct services identified in the IFSP to be delivered in natural environments whenever appropriate.
- Provide opportunities and encourage parents to actively participate in their child's program and instruction.

TRANSITION

PART I - REGULATIONS: Part I includes highlights from existing state and federal statutes, regulations, and policies and procedures which govern local programs and services. Only regulations related to the interrelationships of the parties to the agreement are included in the chart.

Head Start	Individuals with Disabilities Education Act (IDEA)			
	Part B of IDEA		Part C of IDEA	
Local Early Head Start and Head Start Grantee[1]	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• Address strategies for the transition of children into Head Start from infant/toddler programs (0-3 years), as well as the transition from Head Start into the next placement. [45-CFR 1308.4(g)] • Participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities [45-CFR 1304.20(f)(2) iii] • Support parents of children with disabilities entering from infant/toddler programs. [45-CFR 1308.21(a)(1)] • Include in the Head Start IEP information on Head Start transition services. [45-CFR 1308.19(e)(4)] • Assist parents in the transition of children from Head Start to public school or other placement, beginning early in the program year. [45-CFR 1308.21(b)] • In cooperation with the child's parents, notify the school of the child's planned enrollment prior to the date of enrollment. [45-CFR 1308.21 (c)]	• (9) TRANSITION FROM PART C TO PRESCHOOL PROGRAMS- Children participating in early-intervention programs assisted under part C, and who will participate in preschool programs assisted under this part, experience a smooth and effective transition to those preschool programs in a manner consistent with section 1437(a)(8). By the third birthday of such a child, an individualized education program or, if consistent with sections 1414(d)(2)(B) and 1436(d), an individualized family service plan, has been developed and is being implemented for the child. The local educational agency will participate in transition planning conferences arranged by the designated lead agency under section 1437(a)(8). Sec.1412(a)(9)	• *(There is no language in current Virginia SPED Regulations [effective January 1994] which addresses "Transition" services for young children with disabilities.)*	• The Lead Agency ensures that the IFSP addresses "transition at age three" including steps to support transition of children and family at ages two and three to preschool services under IDEA-B to the extent appropriate and to other services available if appropriate. 34 CFR 303.344 • Requirements for the transition component of the IFSP include the steps to be taken to support the transition of the child, upon reaching age two (by September 30) or by three years to (1) preschool services under Part B of the Act, to the extent that those services are considered appropriate; or (2) other services that may be available, if appropriate. 34 CFR 303.344	• Upon referral to early intervention services, the temporary service coordinator is responsible for providing information to the child's family on Virginia's system of services for children with disabilities birth to age five and their families. This information must include Virginia mandates for the provision of special education (Part B) services for children with disabilities who turn two prior to September 30 of a school year. C The temporary service coordinator is responsible for ensuring that transition planning begins with the development of the initial IFSP.

TRANSITION

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
			• The Lead Agency ensures the continuation of appropriate early intervention services until the third birthday for children who are: (1) eligible for services under Part C but not eligible under Part B and (2) eligible for Part B services but whose parents do not consent to an evaluation or placement under Part B and choose to delay transition to a later point in the school year. The IFSPs for these children include the identification of possible future placements as a transition step. C For children referred to the local school system, with parent approval, the service coordinator is responsible for notifying the LEA in which the child and family reside to convene a conference between the sending Parat C providers, the	• The service coordinator is responsible for notifying local school systems of the number and birth dates of children potentially eligible for Part B services no later than April 1 in a given year to ensure that the schools are able to implement their eligibility and Individual Education Program (IEP) process in time for children to begin services as close to the opening of school as appropriate.

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
			eligibility under Part B (age two on or before September 30) or to the first day of the school year, whichever date comes first.	• For children referred to the local school system, with parent approval, the service coordinator is responsible for notifying the LEA in which the child and family reside to convene a conference between the sending Part C providers, the family and the LEA that occurs at least 90 days prior to the child's eligibility under Part B (age 2 on or before September 30) or to the first day of the school year, whichever date comes first. The service coordinator ensures that: (1) during this transition conference the child's program options from the time of eligibility for Part B through the remainder of the school year are reviewed; and (2) a transition plan is established....

TRANSITION

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
				• With the consent of the parent(s) or legal guardian(s), transition services can include, but are not limited to (1) referral and timely transfer and exchange of records and other information; (2) preparation of the child for the new environment; (3) transition information, training, and support for the family; and (4) changes in the new environment to ease the child's or family's transition. C The service coordinator or other designated person is responsible for assisting families in investigating a range of alternative placements for children not eligible for Part B services who spend their final year of Part C eligibility in a local service agency other than an LEA.

TRANSITION

Head Start	Individuals with Disabilities Education Act (IDEA)			
Local Early Head Start and Head Start Grantee[1]	Part B of IDEA		Part C of IDEA	
	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
				C For children under age 3 who are no longer eligible for Part C services, transition steps should include assisting the family (with their consent) in investigating a range of alternative placement options (e.g. Head Start, integrated nursery schools, or other education or family support programs). C With parent consent, the service coordinator is responsible for facilitating inclusion of representatives of the receiving program on the child's IFSP team prior to the transitioning from local service agencies to those services offered by the local education agency or other agencies.

TRANSITION

PART II - RECOMMENDED PRACTICE. Part II includes recommendations for appropriate additional practices which enhance the implementation of local programs and services. Only recommended practices related to the interrelationships of the parties to the agreement are included in the chart.

- Provide training for staff from Part C, Part B, Early Head Start, and Head Start programs in transition planning, implementation, and evaluation of the transition process.
- Develop joint transition plans among Early Head Start, Head Start, Part C, and Part B programs, and from Head Start and Part B to school-age programs.
- Inform parents of the differences among systems in role, staffing patterns, costs or fees, schedules, and services.
- Share staff members across systems in order to facilitate a smooth transition.
- Provide early and mutually planned transfer of records with parent consent at times convenient for both systems.

FUNDING

PART I - REGULATIONS: Part I includes highlights from existing state and federal statutes, regulations, and policies and procedures which govern local programs and services. Only regulations related to the interrelationships of the parties to the agreement are included in the chart.

Head Start	Individuals with Disabilities Education Act (IDEA)			
	Part B of IDEA		Part C of IDEA	
Local Early Head Start and Head Start Grantee[1]	Federal Statute	Current Virginia Regulations[2]	Virginia Dept of MH/MR/SAS	Local Interagency Coordinating Councils
• The grantee or delegate agency must arrange or provide special education and related services necessary to foster the maximum development of each child's potential and to facilitate participation in the regular Head Start program unless the services are being provided by the LEA or other agency. [45-CFR 1308.4(h)]	• Free Appropriate Public Education - The term 'free appropriate public education' means special education and related services that - (A) have been provided at public expense, under public supervision and direction, and without charge; (B) meet the standards of the State Education Agency; (C) include an appropriate preschool, elementary, or secondary school education in the State involved; and (D) are provided in conformity with the individualized education program required under section 1414(d). Sec. 1401(8)	• The Code of Virginia provides that all handicapped persons from ages two to twenty-one, inclusive ... residing in the Commonwealth of Virginia are identified, evaluated and have available a free and appropriate public education. (From the Preamble of *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*. Effective January, 1994)	• "The Lead Agency, through Community Services Boards and other public agencies, has established... a system of payments for early intervention services." 34 CFR 303.521(a) • "The Lead Agency ensures that resources have been identified and coordinated. The Federal funding sources the Lead Agency is responsible for identifying and coordinating include... The Head Start Act." 34 CFR 303.522	• "For each eligible child, the local interagency coordinating councils determine which local service agency is responsible for providing specific services and determining the resources for payment for such services."

FUNDING

PART II - RECOMMENDED PRACTICE. Part II includes recommendations for appropriate additional practices which enhance the implementation of local programs and services. Only recommended practices related to the interrelationships of the parties to the agreement are included in the chart.

- Be aware of available state and federal resources for children from birth through age 5, the procedures for acquiring funding, and the procedures for counting children for funding as required by each agency.
- Allocate sufficient resources to meet training needs of parents and staff.
- Identify those services that are to be provided at no cost and those for which fees will be charged.
- Ensure that parents understand their financial responsibility, if any, for services provided to their children.
- Share personnel/services with or without an exchange of funds, depending upon the needs and resources of each provider.
- Use the local interagency coordinating councils to collaborate on issues related to funding.
- Identify and cultivate creative funding sources through grant writing and other endeavors to enhance services for young children in the community and to provide adequate child care and recreational options for children with disabilities and their families.
- Explore and use innovative methods for financing the costs of services, including dual enrollment, itinerant teacher arrangements, and other cost-effective coordinated service delivery arrangements.
- Develop rationale and recommendations needed to secure additional state funding to meet service delivery needs.

GLOSSARY

CFR - Code of Federal Regulations. Each government regulatory agency has its regulations published in this code.

CHILD FIND - All children with disabilities residing in the State, including children with disabilities attending private schools, regardless of the severity of their disabilities, and who are in need of special education and related services, are identified, located, and evaluated and a practical method is developed and implemented to determine which children with disabilities are currently receiving needed special education and related services.

DELEGATE AGENCY - An agency to which responsibility is delegated by the grantee for the operation of a total Early Head Start or Head Start program or a significant portion thereof.

DUALLY ENROLLED - As used in this document, the term *dually enrolled* means that a child is enrolled in two programs simultaneously. Examples include enrollment in an Early Head Start Program and an Early Intervention Program for a two year old or enrollment in a Head Start Program and an Early Childhood Special Education Program.

FEDERAL INTERAGENCY COORDINATING COUNCIL - established by the Secretary (U.S. Department of Education) to minimize duplication of programs and activities across Federal, State, and local agencies, relating to early intervention services for infants and toddlers with disabilities (including at-risk infants and toddlers) and their families; and preschool or other appropriate services for children with disabilities; to ensure the effective coordination of Federal early intervention and preschool programs and policies across Federal agencies; to coordinate the provision of Federal technical assistance and support activities to States; to identify gaps in Federal agency programs and services; and to identify barriers to Federal interagency cooperation. Appointments to the FICC are made by the Secretary in consultation with other appropriate Federal agencies.

FREE APPROPRIATE PUBLIC EDUCATION - The term "free appropriate public education" means special education and related services that have been provided at public expense, under public supervision and direction, and without charge; meet the standards of the State educational agency; include an appropriate preschool, elementary, or secondary school education in the State involved; and are provided in conformity with the required individualized education program.

GRANTEE - A public or private nonprofit agency that receives funds directly from the Administration for Children and Families to operate a Head Start program.

INDIVIDUALS WITH DISABILITIES EDUCATION ACT - In June 1997, Individuals with Disabilities Education Act was amended by Public Law 105-17. The new law is called Individuals with Disabilities Education Act Amendments of 1997 or, as it is coming to be known, IDEA 97. IDEA 97 is the fifth set of amendments to the Education of All Handicapped Children Act, better known as EHA or

94-142. EHA was passed in 1975 and went into effect in 1977. IDEA 97 is composed of four sections; Parts A, B, C, and D. Part A contains *General Provisions* which outlines definitions, employment of people with disabilities, and the requirements for federal regulations. Part B, *Assistance to States* deals with the use of funds by states and then lists conditions states must meet to receive these funds. ***Part B includes services to all children with disabilities between the ages of three and 21, inclusive; section 619 of part B is the preschool grants. Part C was added to the Act when amended in 1986 and contains provisions for *Infants and Toddlers with Disabilities*.*** Part D is the section dealing with *National Activities to Improve Education of Children with Disabilities* and includes the State Improvements Grants, Research and Technical Assistance, and Improving Early Intervention, Education, and Transitional Services and Results.

The Act provides that all children with disabilities have available to them a free appropriate public education; children with disabilities must be educated in the least restrictive environment, based on their individual needs; the rights of children with disabilities and their parents are protected; and that the federal government will provide some financial assistance to state and local school districts to help them carry out the requirements of the Act.

INDIVIDUALIZED EDUCATION PROGRAM - The term "individualized education program" or "IEP" means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with regulations. (Used for children served under Part B of IDEA).

INDIVIDUALIZED FAMILY SERVICE PLAN - The term "individualized family service plan" or "IFSP" has the means a written individualized family service plan developed in accordance with regulations by a mutidisciplinary team, including the parents. (Used for children and families served under Part C of IDEA).

LEAST RESTRICTIVE ENVIRONMENT - The term "Least Restrictive Environment" or "LRE" means that to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

LOCAL EDUCATIONAL AGENCY - The term "local educational agency" or "LEA" means a public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary or secondary schools in a city, county, township, school district, or other political subdivision of a State, or for such combination of school districts or counties as are recognized in a State as an administrative agency for its public elementary or secondary schools.

LOCAL INTERAGENCY COORDINATING COUNCIL - Membership composition and duties of LICCs are prescribed by the States and are similar to those of the FICC and SICCs.

POLICY COMMITTEE - A committee set up at the delegate agency level when the program is administered in whole or in part by such a grantee agency. At least 50 percent of the membership of the committee must be parents of children enrolled in that delegate agency program. The policy committee may also include representative from the community.

POLICY COUNCIL - A policy-making body set up at the grantee level. At least 50 percent of the members must be parents of Early Head Start or Head Start children currently enrolled in the grantee Early Head Start or Head Start program. The policy council may also include representatives of the community.

RELATED SERVICES - The term "related services" means transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services, except that such medical services shall be for diagnostic and evaluation purposes only) as may be required to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children.

SPECIAL EDUCATION - The term "special education" means specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including --

(A) instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; and

(B) instruction in physical education.

STATE EDUCATIONAL AGENCY - The term "State educational agency" or "SEA" means the State board of education or other agency or officer primarily responsible for the State supervision of public elementary and secondary schools, or, if there is no such officer or agency, an officer or agency designated by the Governor or by State law.

STATE INTERAGENCY COORDINATING COUNCIL - A State that desires to receive financial assistance under the Individuals with Disabilities Education Act shall establish a State interagency coordinating council. Appointments are made by the Governor who ensures that the membership of the council reasonably represents the population of the State. The Governor designates a member of the council to serve as the chairperson of the council, or requires the council to so designate such a member.

CONSENT TO EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form for
(FULL PRINTED NAME OF CONSENTING PERSON OR PERSONS)

_____
(FULL PRINTED NAME OF CLIENT)

_____
(CLIENT'S ADDRESS) (CLIENT'S BIRTHDATE) (CLIENT'S SSN – OPTIONAL)

My relationship to the client is: [] Self [] Parent [] Power of Attorney []Guardian
[] Other Legally Authorized Representative

I want the following confidential information about the client (*except drug or alcohol abuse diagnoses or treatment information)* to be exchanged:

Yes	No	Yes	No	Yes	No
[]	[] Assessment Information	[]	[] Medical Diagnosis	[]	[] Educational Records
[]	[] Financial Information	[]	[] Mental Health Diagnosis	[]	[] Psychiatric Records
[]	[] Benefits/Services Needed Planned, and/or Received	[]	[] Medical Records	[]	[] Criminal Justice Records
		[]	[] Psychological Records	[]	[] Employment Records

Other Information (write in):
I want: _____

_____
(*NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)*

And the following other agencies to be able to exchange this information:

Are More Agencies Listed on Back? YES[] NO[]

I want this information to be exchanged ONLY for the following purpose(s):
[]Service Coordination and Treatment Planning []Eligibility Determination
Other (write in): _____

I want information to be shared: (check all that apply)
[]Written Information []In Meetings or By Phone []Computerized Data

I want to share additional information received after this consent is signed: []YES []NO

This consent is good until:_____

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn.

I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information.

I want all the agencies to accept a copy of this form as a valid consent to share information.

If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

Signatures(s):_____Date:_____
(CONSENTING PERSON OR PERSONS)

Person Explaining Form:_____
(Name) (Title) (Phone Number)

Witness (If Required):_____
(Signature) (Address) (Phone Number)

1/13/00

UNIFORM CONSENT TO EXCHANGE INFORMATION FORM

FULL PRINTED NAME OF CLIENT:_____

FOR AGENCY USE ONLY

CONSENT HAS BEEN:

- ❑ Revoked in entirety
- ❑ Partially revoked as follows:

NOTIFICATION THAT CONSENT WAS REVOKED WAS BY:

[] Letter (Attach Copy) [] Telephone [] In Person

DATE REQUEST RECEIVED:_____

AGENCY REPRESENTATIVE RECEIVING REQUEST:

_____

(AGENCY REPRESENTATIVE'S FULL NAME AND TITLE)

_____

(AGENCY ADDRESS AND TELEPHONE NUMBER)

1/13/00

Procedures for the Consent to Exchange Information Form

Introduction

The Consent to Exchange Information form was developed for use by:

- Area Agencies on Aging
- Community Action Agencies
- Community Services Boards
- Department of Correctional Education
- Department of Youth and Family Services' Court Service Units and Block Grant Programs
- Health Department Clinics and Programs
- Service Delivery Areas for the Job Training Partnership Act
- Local Department of Rehabilitative Services
- Local Department of Social Services
- Local School Systems
- Regional Offices, Department of Corrections
- Regional Outreach Office, Department for the Deaf and Hard of Hearing
- Regional Offices, Department for the Visually Handicapped
- Virginia Employment Commission Offices

The "referring agency" is defined as the agency that initiates the completion of the "Consent to Exchange Information" form with the individual. The referring agency may use the form to request or to transmit information to other agencies. Agencies may be considered either a "referring" or an "other" agency, depending upon which agency is contacted first by the client. If all parties agree, additional public and private agencies, facilities and organizations may be included.

WHEN PROPERLY EXECUTED, THIS IS A LEGALLY VALID DOCUMENT FOR EXCHANGING CLIENT INFORMATION. The *Consent to Exchange Information* form has been reviewed by the Office of the Attorney General to assure compliance with federal and state confidentiality requirements. Agencies may choose to use a different uniform release form that addresses their individual needs if it meets the state and federal confidentiality and release of information statutory and regulatory requirements of ALL involved agencies.

To ensure compliance with federal alcohol and drug abuse confidentiality requirements, this form excludes the general sharing of information about clients in drug and alcohol programs. A separate release of information form specifically for alcohol and drug abuse records should be used each time information is shared between agencies (see attached form).

Instructions for Completing the Consent to Exchange Information Form

- The *Consent to Exchange Information* form is designed for use along with the referring agency's specific procedures for obtaining a valid release to change information.

- Agency staff and the consenting person will first determine whether the client might be eligible for services or benefits provided by other agencies. This determination should be based upon the needs, interests and circumstances of the client as well as staff' knowledge of other agencies' services or benefits and eligibility requirements.

- Referring agency staff will explain the following:
  - potential services and benefits that might be available from other agencies;
  - what information these agencies might need and for what purpose;
  - the purpose of the form;
  - the consequences of signing or not signing this release;
  - key provisions and protections (e.g. revocation, access to agencies' written record).

- Staff should make every attempt to ensure that the consenting person(s) understands the provis ions of the form and should make appropriate efforts to accommodate the special needs of the consenting person(s). If the consenting person(s) is unable to read or is blind or visually impaired, staff should read the form. Interpreters should be made available for people who do not speak English and for those who are deaf and hearing impaired. If the consenting person(s) does not appear to comprehend the meaning of the form, it should be explained.

NOTE: If staff have ANY doubts that the consenting person(s) is not comprehending the purpose and provisions of the form, they should ask the consenting person(s) questions about the form (what the form allows the agency to do and what the various provisions mean).

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Based upon these answers, if staff determine that the consenting person(s) is NOT comprehending the purpose and provisions of the form, staff should follow their agency's procedures for assuring that the form is signed by a legally authorized consenting person who fully comprehends the purpose and provisions of the form. THE SIGNATURE OF A CONSENTING PERSON WHO DOES NOT COMPREHEND WHAT HE OR SHE IS SIGNING IS NOT VALID.

- If the consenting person(s) agrees, the form should be completed. This should be done by the consenting person(s), wherever possible. Requested information follows:
  - print the name of the consenting (or authorizing) person(s);
  - print the name of the person about whom the information will be shared (client);
  - print the client's address, date of birth and social security number (SSN)
    NOTE: Section 2.1-385 of the Code of Virginia, as amended, makes it unlawful to REQUIRE a person's Social Security number in order to obtain benefits or services unless a specific law allows the agency to require it;
  - check the consenting person's relationship to the client.
    NOTE: A legally valid consent requires that one of the listed relationships be present;
  - check the box in the "YES" column beside information that the client wants to exchange among the listed agencies; check the box in the "NO" column beside information for which consent is NOT given or which is NOT APPLICABLE; and, if necessary, write in any other information the client wants to exchange.
    NOTE: A client may want to exchange most but not ALL of the specific information checked "Yes" (e.g., a reference to past psychiatric hospitalization contained in psychiatric records). If the client wants some specific parts of a record to remain confidential, the referring agency MUST exclude this information when that record is shared with the other agencies.
  - Print the name of the referring agency and staff contact person;
  - Print the names of the other agencies with which information will be shared
    NOTE: Additional agencies may be listed on the back of the form if there is insufficient space on the front. The consenting person(s) must place his or her signature or initials beside the names of these agencies. These additional agencies MUST be listed on the back of EACH copy of the form
  - check the box indicating if additional agencies ARE or ARE NOT listed on the back;
  - check the specific purpose(s) for exchanging the information items that have been checked "YES" or inserted in the designated space;
  - check the listed method(s) that the client authorizes for exchanging the information: in meetings or by phone, by written information, by computerized data;
  - check whether or not the client wants to share information put in the record after the date the consent is signed
  - insert an agreed upon date or condition upon which the consent will expire;
    NOTE: Conditions upon which the consent will expire may include: "when the treatment plan has been finalized," or "upon discharge."
- The consenting person(s) must sign the form and insert the date in the indicated place.
  FOR SPECIAL EDUCATION RECORDS: Confidentiality regulations governing special education records require the signature of a parent for release of records, even when the child is between the ages of 18 to 22. The same regulations do not prohibit obtaining the child's in addition to the parent's signature. In cases in which special education records are included in information consented to be released, obtaining both the parent's and the child's signature will permit the intended exchange of information among those other agencies which require the signature of a person over 18 for release of personal information.
- Staff explaining the form to the consenting person must sign the form in the indicated place.
- For those agencies with procedures requiring a witness (e.g., for a person who cannot write), space is provided for a witness to sign the form. The witness must observe the consenting person(s) sign or place a mark on the form and then must sign as indicated.
- The referring agency must give a copy of the completed form to the consenting person(s).

Sharing Information with Other Agencies

It is important for the referring agency to notify the other listed agencies that they are parties to this agreement to exchange information. This notification can be by telephone or through written correspondence. This notification must be entered into to the client's record.

If the referring agency wants to receive information from other agencies, it must provide a copy of the signed consent form with its initial request for information from each listed agency.

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Privacy Protection Act Requirements To ensure compliance with the requirements of the Privacy Protection Act, EACH time information is disclosed by ANY of the listed agencies, staff of the DISCLOSING AGENCY must enter the following information into the client's record:

- name of the agency and the name, title, telephone number of individual receiving the information;
- type and source of the information disclosed;
- reason or purpose for the disclosure; and
- date the information was disclosed.

This requirement can be met by using a disclosure log (a sample log is provided) or through the agency's own record keeping policies and procedures.

NOTE: The consenting person(s) has the right to review the records of disclosure of the referring and other agencies upon request during the agencies' business hours.

Agency Record Keeping Policies and Procedures

- Referring Agency: The original signed copy of the *Consent to Exchange Information* form, disclosure record and any related materials shall be maintained in accordance with the agency's record keeping policies and procedures.
- Other Agencies: A copy of the *Consent to Exchange Information* form, disclosure record and any related materials shall be maintained in accordance with their record keeping policies and procedures.

Renewing or Amending the Consent Form

The referring agency can renew or amend (e.g. by adding additional agencies) the original signed copy of the *Consent to Exchange Information* form by having the consenting person(s) sign and insert the date beside the amendment(s) on the original form. The referring agency must give a copy of the amended form to the consenting person(s) and forward a copy of the amended form to each of the listed agencies.

Revocation of Consent

Consent to exchange information will expire on the date or condition agreed to by the consenting person(s). However, anytime prior to the expiration, the consenting person(s) may choose to revoke or cancel this consent either with all or with selected agencies.

The consenting person(s) may revoke his or her consent by informing any of the involved agencies in writing, by telephone, or in person. This notification must be noted on the back of the *Consent to Exchange Information* form.

Notification of Revocation of Consent

If the consenting person(s) exercises the option of revoking his or her consent (in entirety or with selected agencies) to share information under the agreement, the agency receiving this notice shall inform all other listed agencies that are authorized to exchange information under the agreement.

Regulations and Opportunities for Collaboration

Head Start and the Local Education Agency (LEA)

! A disabilities service plan must include commitment to specific efforts to develop interagency agreements with the LEAs (and other agencies within the grantee and delegate agency's service area).

The agreement must address:

1. Head Start participation in the public agency's Child Find plan under Part B of IDEA;
2. Joint training of staff and partners;
3. Procedures for referral for evaluations, IEP meetings and placement decisions;
4. Transition;
5. Resource sharing;
6. Head Start commitment to provide the number of children receiving services under IEPs to the LEA for the LEA Child Count report by December 1annually; and
7. Any other items agreed to by both parties. Grantees must make efforts to update the agreements annually.

! The disabilities coordinator must refer a child to the LEA for evaluation as soon as the need is evident, starting as early as the child's third birthday.

! When the LEA develops the IEP, a representative from Head Start must attempt to participate in the IEP meeting and placement decision for any child meeting Head Start eligibility requirements.

! An LEA representative must be invited in writing if Head Start is initiating the request for a (IEP) meeting.

! A disabilities service plan must include strategies for the transition of children from Head Start into their next placement.

Head Start and Part C

- The disabilities service plan, when appropriate, must address strategies for the transition of children into Early Head Start from infant/toddler programs (0-3 years).

Early Head Start and Part C

- Grantee and delegate agencies must assure that services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the IFSP for children identified under Part C of IDEA.

- Grantee and delegate agencies must assure that enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of the States's program.

- Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program.

- Grantee and delegate agencies must assure that they participate in and support efforts for a smooth transition for children who, at age three, will need to be considered for services for preschool children with disabilities. To ensure the most appropriate placement and services following participation in Early Head Start, transition planning must be undertaken for each child and family at least six months prior to the child's third birthday.

- Grantee and delegate agencies must assure that they participate in the development and implementation of the IEP for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.

References: Head Start Program Performance Standards on Services for Children with Disabilities (45-CFR 1308) and Program Performance Standards for the Operation of Head Start Programs by Grantee and Delegate Agencies (45-CFR 1304)

DEVELOPMENT OF THE AGREEMENT

This agreement was developed by a workgroup representing all parties to the agreement. A select group of advisors representing multiple agencies and parents provided feedback and input on content. The agreement was then field reviewed by key constituents including both providers and consumers of services to young children with disabilities and their families.

WORKGROUP PARTICIPANTS

The interagency agreement workgroup included representatives of all parties to the agreement. These individuals committed their time and expertise to the year-long process of developing the interagency agreement. Their names and affiliations follow:

Linda Bradford
Virginia Department of Education

Francine Bryce
Virginia Head Start Collaboration Project

Rick Cagan
Virginia Council of Churches
Migrant Head Start Program

Lawanna Dowden
Virginia Head Start Association

Terri Nelligan
Virginia Department of Mental Health/Mental Retardation/Substance Abuse Services

Sheri Osborne
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Wenda Singer
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Renewed 4/27/88
Updated 3/22/90
Updated 9/28/94

POLICY MANUAL

State Mental Health, Mental Retardation and Substance Abuse Services Board
Department of Mental Health, Mental Retardation and Substance Abuse Services

POLICY 4018(CSB)86-9 Community Services Board Performance Contracts

Authority

Board Minutes Dated October 22, 1986
Effective Date November 19, 1986
Approved by Board Chairman s/James C. Windsor

References

§§ 37.1-198 and -199, *Code of Virginia* (1950), as amended.
Report of the Commission on Mental Health and Mental Retardation, 1980.
Final Report on Core Services and Formula Funding, 1983.
Core Services Taxonomy V, February 5, 1993.
Community Services Board Performance Contract, May 6, 1994.

Background

- The Commission on Mental Health and Mental Retardation identified a need for increased accountability in the community services board system. In its Final Report on Core Services and Formula Funding, the Department proposed developing a performance contracting system to address this need. This system would be based on contractual arrangements between the Department and individual community services boards (CSBs), based on the Core Services Taxonomy. The General Assembly accepted this report in 1984.

- The Department piloted the implementation of performance contracts with some CSBs in 1985. The first Core Services Taxonomy and the first Performance Contract, developed jointly with the Virginia Association of Community Services Boards, were revised in 1988. These documents continue to evolve in response to the changing needs of consumers and the new priorities and directions of the services system.

Continued on next page

POLICY 4018(CSB)86-9, Continued

Background (Continued)

- An original purpose of this policy was the elimination of the Program Application then submitted by CSBs. This Application was a detailed line item budget that focused on revenues and expenditures rather than on services and consumers. The 1990 policy review revealed that 26 CSBs had eliminated the dual submission of an Application and a Performance Contract. By 1992, the Program Application was no longer used, greatly reducing paperwork for CSBs. The Department condensed the Contract significantly in 1993, further decreasing the CSBs' paperwork burden.

Purpose

To establish the Community Services Board Performance Contract as the primary accountability mechanism between the Department and individual community services boards (CSBs).

Policy for CSBs

It is the policy of the State Mental Health, Mental Retardation and Substance Abuse Services Board that:

- the Performance Contract shall constitute the annual plan and budget required of CSBs by §§ 37.1-198 and 199 of the *Code of Virginia*;

- the Contract shall be the primary accountability and funding mechanism for a community services board with the Department, defining the CSB's responsibilities and specifying the amounts of services the CSB will provide to the numbers of clients, at the costs, and for the revenues shown in the Contract, by categories and subcategories of core services for each program area (mental health, mental retardation, and substance abuse); and

- a CSB shall provide periodic reports to the Department on the accomplishment of its contract objectives.

Continued on next page

POLICY 4018(CSB)86-9, Continued

Policy for Department

It is the policy of the State Mental Health, Mental Retardation and Substance Abuse Services Board that:

- **!** the Performance Contract shall be the primary accountability and funding mechanism for the Department with a community services board, defining the Department's responsibilities and specifying the amounts of funds it will provide for the services shown in the Contract;
- **!** the Department shall monitor a CSB's accomplishment of its contract objectives through periodic reports submitted by the community services board; and
- **!** the Department shall provide feedback to the board of directors about the CSB's accomplishment of its contract objectives.

Monitoring of this Policy

The Community Services Administration Office shall implement this policy and monitor and evaluate its effectiveness.